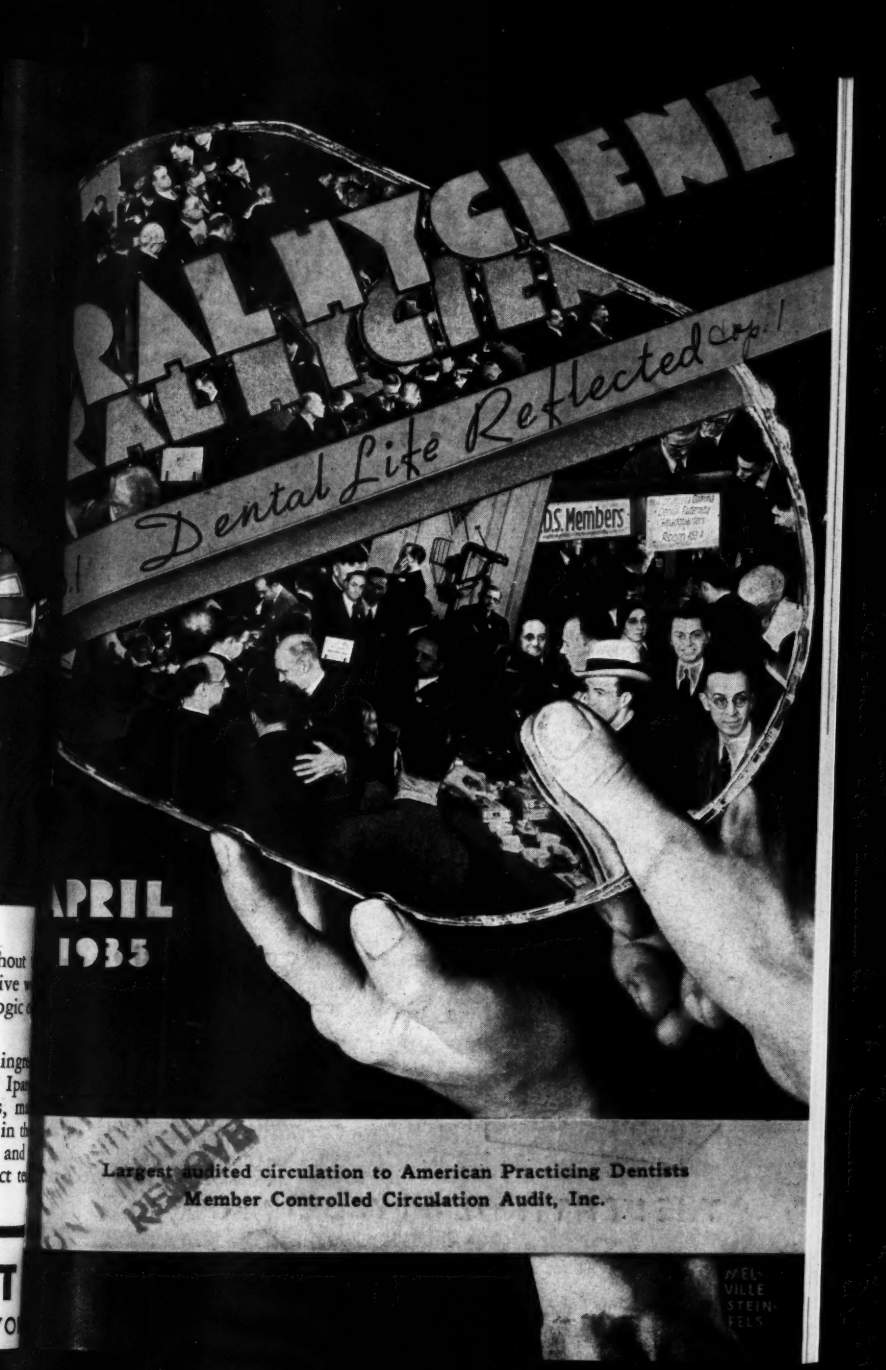
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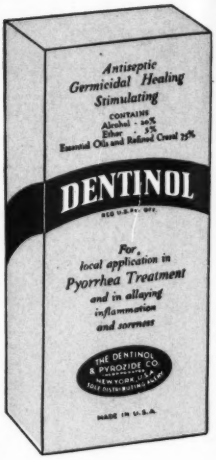

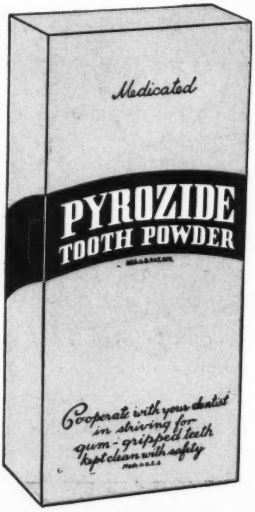

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THE

Publisher's

No. 165

CORNER

By MASS

THIS department has finally caught up with Wells's *Outline of History*, published several years ago, and has been discovering in the early chapters what made Nature grand.

During recent nights imagination has been running riot with thoughts of the wild goings-on at the *accouchement* of our world—the roar and rush of whirling heavenly bodies—the great violent swooshing and Gargantuan groaning—the vast and hellish clatter when what is now, among other things, your back yard and mine, split off from the sun and hurtled screaming and shrieking through 93 million miles of ancient air, finally to pause and start whirling on its own. . . .

Gosh.

This has all been big news here in the CORNER, for this department has never thought much about such things—having hitherto been content to live and let live, as you might say.

Wells makes clear our utter insignificance by showing that the parent sun compares in size with the earth as a nine-foot globe would compare with a one-inch ball. You get to feeling that your own problems, and those of dentistry, are, after all, something less than microscopic when you face the truth: that each of us is an invisible scurrying speck upon a sphere not much bigger than the end of your thumb, or one of those globular lollipops on a stick. The

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more you think about it, the more you realize that the idea isn't exactly a builder-upper of the superiority complex so necessary in elbowing your way around among the other invisible specks upon the lollipop.

Reading Wells, and thinking about all this, and becoming excited over it, I could scarcely wait for the opportunity to tell young Mass about it, and thrill him with the drama of the world's terrifying birthday.

Last night I cornered him and his buddy, Hen Horton, at dinner and, clearing my throat after waving for cessation of their boyish chatter, I launched the story upon them in my best style. Taking care to keep it simple in the telling, I made it graphic by using an orange to represent the sun and a pea to exemplify the earth—several peas, in fact, for to my annoyance they kept squashing as the dramatic feeling got the best of me and I pinched down too hard.

The two boys appeared awed throughout the demonstration, sitting silently, wide-eyed. They seemed to appreciate the lengths to which I went to make the story vivid, the swooshing sound I contrived and the deep bass rumbling, the shrill *wheeeeing* as the tiny pea left the orange for an orbit of its own.

It was then that the gestures became to some extent complicated through the necessity for waving my arms to indicate the separate orbits of sun and earth and, unfortunately, I banged the hand holding the pea into the other, clutching the orange and, losing my grip on the orange, that is, the sun, it dropped into my coffee. The boys sat silent while the mess was being cleared up. I took advantage of the pause to solicit their questions.

"Anything you want to ask?" I said.

Hen spoke up. "Yes," he said, "I would like to know if you have *also* heard about the nebular hypothesis of world creation."

"I will have to look in the book again," I said.

"Oh, don't bother, not just for us," said Hen respectfully. Then the two boys, as children will, broke into gales of merry laughter. Quite likely they were just then recollecting the ludicrous episode of the orange and the coffee cup.

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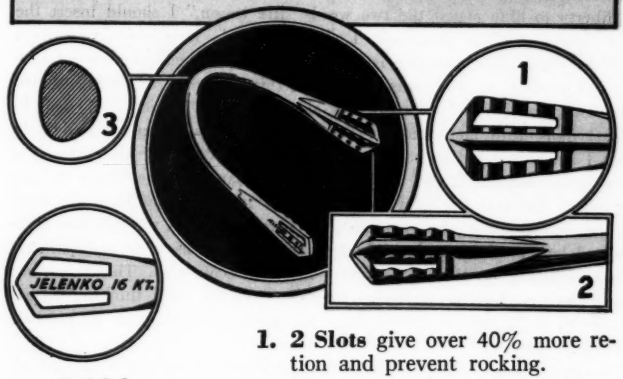

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THE CORNER'S MAILBAG

COOKIES BAKED IN THE LONG AGO

Dear Mass:

Constitutionally I am given to constructive criticism on very few things. However, after reading your Corner in this month's [March] issue three times I find it extremely interesting as it touches one of my pet theories concerning life on this terrestrial planet. I pass along the following for your delectation and amusement. Certain things one sees and reads now days would challenge the stoics of old to come forth from retirement and, as it were, mingle with the crowd.

Next to the last paragraph in your editorial I read, "Somewhere in all this there is a life lesson, but I don't know what that is either." Taking the liberty to blue pencil the two words "life lesson," I should insert the word "disease." The diagnosis, I should say, is insufficient versatility. That the era in which we live is dominated by speed, efficiency, specialization and production, is obvious. That such things are not conducive toward that sterling quality of versatility is also, I believe, obvious. I come in contact daily with men who are suffering from this chronic malady. At times I am almost led to believe that the so-called Jack of all trades is a more useful, contented, and all in all happier man than the highly trained specialist. We have the man who specializes in everything from the neck up, the dermatologist, the anatomist, the man who looks through the high-powered lens at the islands of Langerhans, and the assinine and pathetic fellow usually referred to as professor of dental economics. That the above mentioned men become proficient in their field, no right thinking person will deny. But, remove anyone from his particular field and he presents a pathetic picture.

No man, I don't believe, should arrive at maturity without a fair knowledge of at least a half dozen lines of endeavor. For after all, is it not the little so-called inconsequential things that we do that afford us so much pleasure and self-satisfaction? Show me the man who has the ability to repair a leaking water faucet without calling in a sanitary engineer, the man who can repair a floor lamp without calling in an electrical engineer, the man who can clean the spark plugs in his car, without sending it away for a day, the man who can stand up and give an address without getting excited, the man who can handle a hammer and saw and not look like a jack ass, show me men such as these and I will show you the men who are getting the most out of life. Again I believe that it is versatility that answers the problem of a well rounded, happy, peaceful, and contented life.

It is not necessary to be versatile in the same sense that Michelangelo or Cellini were, for we recognize them more under the heading of genius, whatever that might be, but versatile enough so that when the fuse blows out we will look for the trouble in the fuse box and not the bread box. Today the rolling stone gathers the moss, Mass.

C. R. Swanson, D.D.S.

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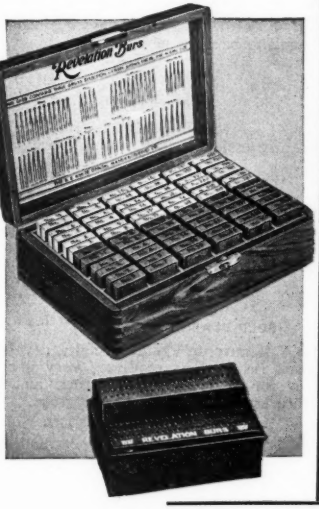

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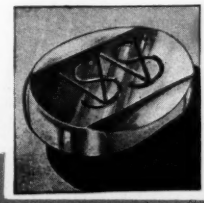

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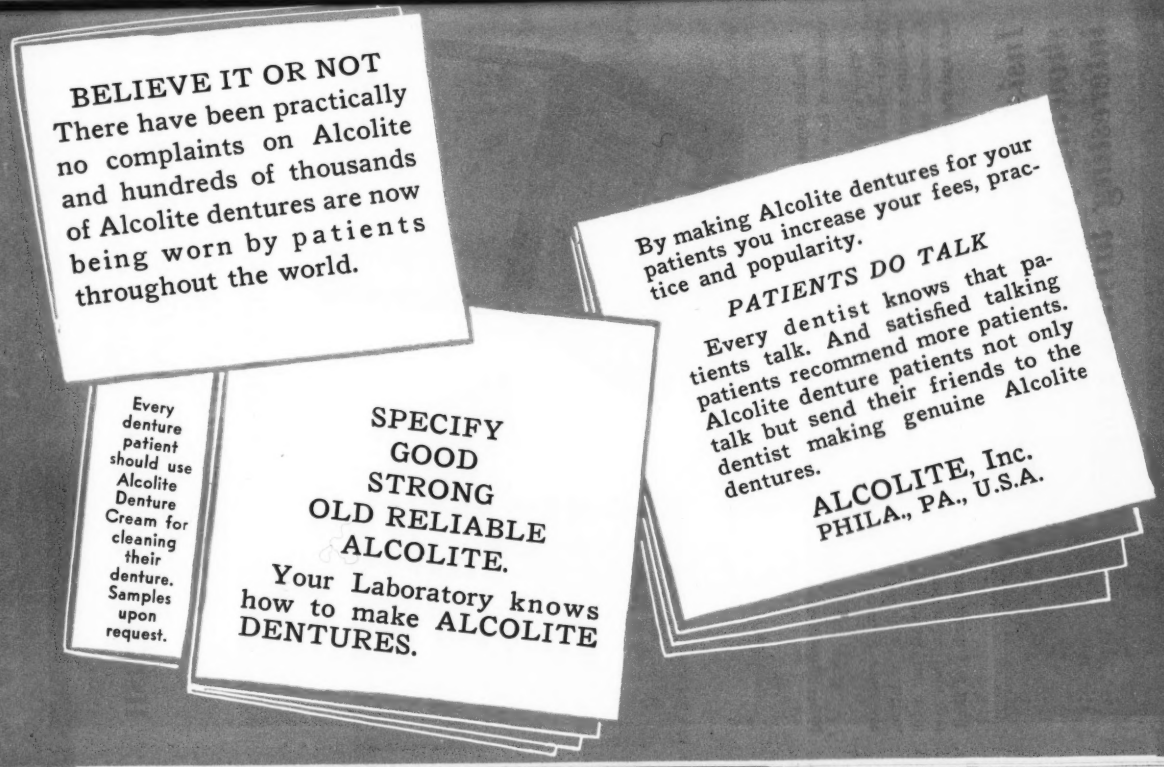
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April
1935

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My Experiences Under Health Insurance

By Leo Remes, D.D.S., L.D.S.

Health Insurance Act Passed by Parliament

"9 Pence Distribution for 4 Pence Contribution" Plan Assures Medical Care to Nation

LLOYD GEORGE OPTIMISTIC

LONDON, July 17.—Pressed by a united majority in Parliament, and sponsored by David Lloyd George, the National Health Insurance Act was enacted today amid the acclaim of thousands of British workmen. According to the provisions of the act, persons requiring medical attention were

MY experiences under a socialized system may be of value in shedding light on the health insurance issue. After taking my degree in England, I practiced there both before and after the inception of panel dentistry, for upwards of ten years. During that time, in addition to first-hand experience with dental conditions, I had the opportunity of observing the operation of the medical panel system as well.

It is easy to see what force the propaganda for socialized medicine can exert in times like these. To the American public, socialized medicine has mistakenly come to mean "something for nothing"—a new service which will not put it out of pocket. As for the healing professions, no method of ballyhoo and publicity is being overlooked to stampede them into a new system of practice.

Up until now, when the eleventh hour is striking, the dental profession has been distinguished by a profound apathy. The more opportunistic of its leaders, who have nothing to lose and anticipate a comfortable job under the new bureaucracy, have been busy spreading their propaganda wholesale without let or hindrance.

From examination of the economic surveys undertaken and the accounts of the many jaunts to foreign countries, it would appear that these started out with the assumption that some form of socialized medicine is on the way, and their only purpose was to study how best to adapt the existing systems to our needs.

Who wants socialized dentistry and why? It is high time we asked ourselves these pertinent questions. We are told by the self-appointed Messiahs who have the ear of the administration—these men who know all the answers, and will not have the unpleasant necessity of working in the ranks of the new system—that the public "demands" socialized medicine and that we dentists should desire it.

We cannot accept these assumptions, however, until we know definitely what socialized dentistry does to:

The Patient

The Dentist

The Profession of Dentistry

It is curious that when confronted with the concrete query: "Exactly what will be the position of the dentist under the new system?" its proponents airily answer, "Oh, that's a matter of administrative detail."

By citing what has happened in England, a country which has had socialized medicine for a quarter of a century, and socialized dentistry for a decade, I hope to show what effects such a system may be expected to have upon our own lives.

It is not my purpose in this paper to describe conditions peculiarly English, but rather to describe the basic forces and tendencies of *a system which interposes a third party, whether state, hospital, or private group between the paying patient and the dentist in their professional relations.*

Economic conditions in England at the time panel dentistry was introduced were quite similar to those extant in this country. The rise and growth of the new movement here is strongly reminiscent of England; it is interesting to me to watch the same maneuvers being carried out in America as were employed to induce English dentists to come under the socialized system.

There is, however, a notable difference: the English dentists were alive, as we are not, to the evils of such a system, having before their eyes the condition of veritable servitude into which the physicians had fallen. Notwithstanding the lure of the alleged millions of dollars waiting to be expended for dentistry, they were loathe to give up their private status. It was only after what they deemed suitable safeguards to prevent a like fate had been erected that they accepted the new system. Subsequent events were to prove that no safeguards, however carefully designed, could furnish adequate protection.

THE ENGLISH SYSTEM

Although it is spoken of as such, England does not have "panel" dentistry. Nevertheless, there is "socialized dentistry," and those who have never experienced it can have no idea of

(*Continued on page* 520)

Dental Problems Pass in Review

at the

Midwinter Meeting of The Chicago Dental Society

HOW can dental service be made available to all the public? What attitude should the profession take toward new methods of payment for health care? Is it possible to retain the present dentist-patient relationship under a health insurance system? These and dozens of similar questions were the subject of heated discussion and sharp controversy in the lecture halls, hotel rooms, and crowded lobbies of the Stevens Hotel, Chicago, throughout the sessions of the Seventy-First Midwinter Meeting of the Chicago Dental Society.

From February 18 to 21 more than 8,000 dentists, physicians, scientists, and technicians listened eagerly to lectures, attended clinics, and studied scientific exhibits. The large attendance, up 1,500 over last year, represented not only a cross section of the dental profession in this country but included representatives from such remote points as South Africa, the Philippine Islands, Australia, and England.

Indicative of the increased interest in economic problems was the crowd of 3,000 which packed the Grand Ball Room Tuesday evening and listened intently to Rexford Guy Tugwell, Under Secretary of Agriculture, analyze THE PROBLEM OF SOCIAL INSECURITY. Following his description of the general economic conditions of the country today, Doctor Tugwell insisted that every organized group must be ready to face the future and act courageously.

"Simply to hope that things will adjust themselves without conscious effort on the part of society is to take a stand with the group which expects the Twentieth Century to blow over," he declared. "To take this position is to risk frustration and defeat, for the impulse to find security is as old as society itself and in the long run it will not be denied."

Referring specifically to the problems of the dental and medical professions Doctor Tugwell

Officers and guests of the Chicago Dental Society—Left to right: Carroll W. Stuart, D.D.S., Secretary; Stanley D. Tylman, President; Rexford Guy Tugwell, Under Secretary of Agriculture; Edward J. Kelly, Mayor of Chicago; Edward J. Ryan, Treasurer.

said he realized that there was a great deal of time, skill, and training involved in caring for the health needs of the American people and that he had inferred from published statements that "there is a lively apprehension among the health professions" as to the future.

"I cannot read the future," he said, "but I can only repeat my conviction that you, like every other group whose interests are part of the whole picture, will have to make your choice between the needs of the future—whatever they may be—and the futile alternative of trying to protect existing special interests at any cost to society."

Continuing in a more optimistic vein he said, "I do not, however, feel that the choice is necessarily painful or the future inevitably appalling. You, yourselves, can help to create the future in such a way as best to

(*Continued on page* 527)

"S. S. Golden Sun, bound for Japan. . ."

Around the World

BY TOOTH AND NAIL

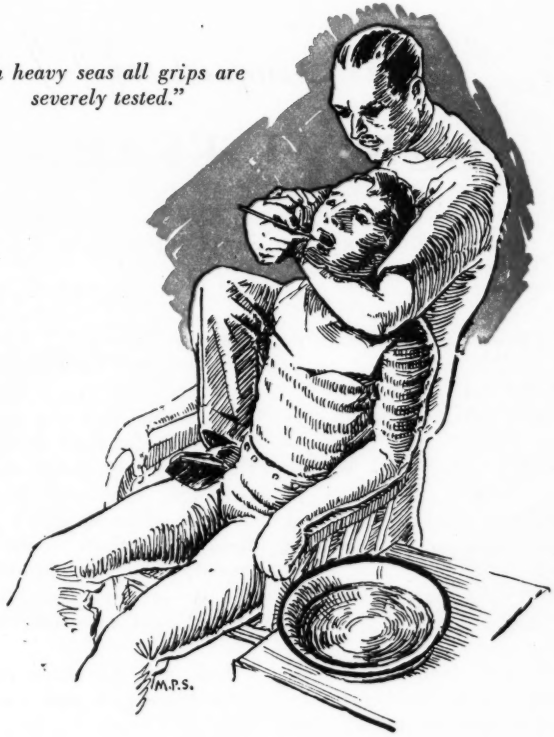
A Dental Bridge to the Orient

By H. M. PHILLIPS, B.S., D.D.S.

IN the course of the voyage across the Pacific aboard the Freight Boat S.S. Golden Sun, your correspondent was suddenly christened "Ship's Dentist." The sought-after title was achieved on Christmas Eve when my first salty patient knocked at the door and presented a toothache. Since that primordial night I have had abundant practice in gymnastic dentistry and have perfected the seaworthiness of my professional efforts. Now through the West Wind's most typhonic blasts and Neptune's most fiendish heaves, dentistry carries on.

Even though our ship is heavily loaded and rides comfortably, there is a constant three-dimensional weave which for the casual passenger is compensated for by "sea legs"; but much more is needed to practice the art and science of dentistry. In order to develop a stable working relation, the dentist must

"In heavy seas all grips are severely tested."



come to intimate grips with the patient. Rough weather requires holds that would be barred in a "coeducational" practice.

The head-lock is the basis of most of the practical entanglements and serves to bind the patient's head, the dentist's body, and the right hand containing the revolving drill into a unit so that these three essentials, at least, pass from one angulation to another in geometric relativity. The problem is conceived mathematically but solved by manly holds borrowed from the art of self-defense. In heavy sea all grips are severely tested and brawn means more than finesse. Only if we were equipped with the prehensile tails of our aboriginal ancestors could we wrap ourselves and the dental chair into the solidarity needed for

(*Continued on page* 531)

The Conquest of DENTAL FEAR

By JOHN PHILIP ERWIN, D.D.S.

Did you ever see a dream shying?
Well I did. I sure did.
Did you ever see a dream crying?
Well I did. Wow! Wow!! Wow!

Did you ever have a dream sit in your chair, clamping her mouth tight shut?

Well the dream that was shying and the dream that was crying and the dream in my chair was Jean, five years young. Jean stubbornly refused to open her mouth. She was as shy as a shot hound.

We tried every inducement. The mother coaxed. She threatened. She slapped.

I promised everything from Niagara Falls to the Gulf of Mexico. Candy, an ice-cream cone, a bright new nickel—nothing would budge that balky mandible.

"You're a nasty little girl," snapped the mother, dragging the child out of the chair.

"Oh no," I interrupted; "Jean is a nice little girl." And so we parted, Jean eyeing me with suspicion.

The second visit was equally successful—for Jean. She won. The mother suggested that I use force. I refused. When I saw that clamped jaw, I soon decided all efforts would fail. I recalled the Arab's soliloquy. "I take camel to water; much good. Camel no drink; much dam."

Jean and I always parted good friends. I took care of that.

The third visit.

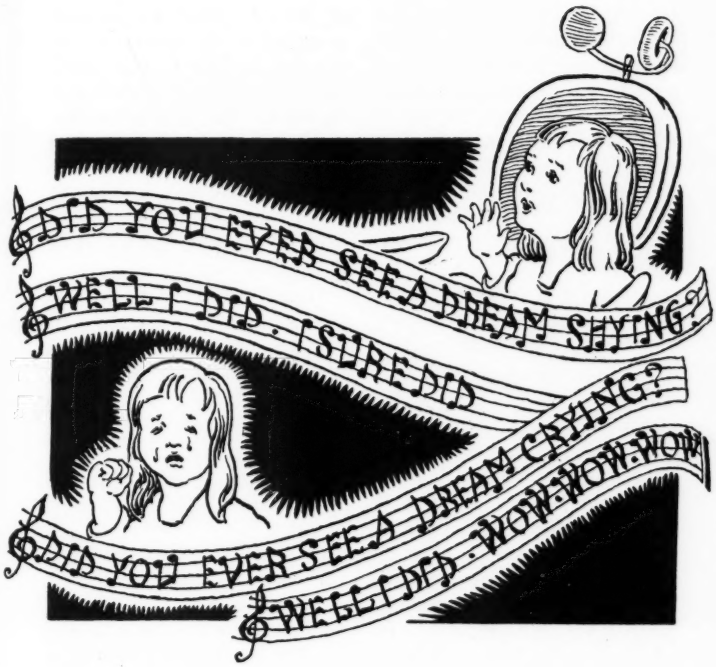
As Jean entered the operating room, this time accompanied by her brother Bobby, 7, she boastingly informed me, "I can frow a ball farther than brother."

"No you can't," snapped back Bob.

"I frowed it across the street," claimed Jean.

"Ah, that was only a tiny ball," belittled the brother.

As they argued back and



forth as to who could "frow" the ball farther, I lifted Jean into the chair. At what I thought was the logical moment I said to Bobby, "There is one thing Jean can beat you at; she can hold her mouth open wider and longer than you can."

"No she can't," sneered Bob.

"Yes I can," insisted my perplexing problem.

Can you guess who won?

Jean, you think? No, not as I saw it. The mother awards the prize to me. Since then Jean has never displayed the least sign of being shy of the dental chair. She has become one of my bravest patients.

— — —

"Dam" your work or your work may return to dam you.

Now for a truly tragic tale.

Mr. G. A., 27, *very* nervous, a stranger, came from a distant city with the following story and request:

"I have five teeth to be extracted. The spaces I want filled with new teeth. My chief concern is bleeding. Every time I had a tooth taken out

I nearly bled to death. The last extraction landed me in the hospital and kept me there for a week. One more hemorrhage and I die from fright. The shock will surely kill me. I can't stand it."

That certainly sounded exhilarating. I imagined the blaring headlines of the coming event:

FRIGHT FATAL TO
DENTAL PATIENT—
EXPIRES AFTER EXTRACTION

Yes, the tee-off loomed hazardous.

Ahead, to the right, threatened the physical hazard of hemorrhagic diathesis. A slight scratch on his face when shaving would bleed for hours he told me.

To the left, the mental hazard, mortal fear. His last extraction forced him to the brink of death. He had real cause to be shy and tremble.

The physical risk I might overcome. But the mental hazard, ah, that demanded my cleverest suggestions, the shrewdest "shycology."

Would you know how I made a hole in one; how I drove straight down the fairway, between the menacing hazards, onto the green and into the cup? Then closely observe my stance, swing, and follow through.

The stance: With the aid of Berger's book, "Blood Diagnosis," I thoroughly explained to Mr. A. what the normal coagulation time, two to six minutes, and the normal bleeding time, two to three minutes, signified. He readily understood. That was important. I sent him to a hospital for the two tests. The report came, C. T., 8 minutes; B. T., 3 minutes. Of course I did not show that to the patient.

Here I should state that before sending him for the tests I had him take calcium lactate, fifteen grains, three times a day for one week. I explained to him the purpose of the medicine.

After a study of the hospital report I had the technician send another one stating C. T., 6 minutes; B. T., 1½ minutes.

Enter the dragon killer.

With matter of fact demeanor I showed the latter report to Mr. A. Together we compared the figures with those in Berger's book. A smile of satis faction brightened his face.

"That little paper certainly makes me feel good. Now I am not afraid to have all my teeth extracted," he said.

Could anyone hope for a more favorable stance?

Now for the swing: Mr. A. had been raised by a rich frivolous mother and razed by an indulgent, wealthy, maiden aunt. I knew his living to be more riotous than righteous; hence the following pertinent instructions:

"Yes, the tee-off loomed hazardous."

"No whoopee Saturday night. Retire before midnight. Breakfast about nine Sunday. Be at my office at eleven o'clock. Drink no liquor for twenty hours."

He arrived on time, bright and cheerful.

"Approach the enemy cautiously, try one tooth"—that was my plan of battle. The upper right third molar, nerve exposed, was the first to be removed.

For fifteen minutes the patient held ice-water about the tooth. I injected a few drops of anesthetic above the buccal and palatal surfaces.

Waited five minutes. Napkined mouth. Laid gum back only enough to permit forcep hold. Removed tooth, being careful to make as little movement as possible. Patient offered moderate resistance.

Then—a gush of blood. Kept mouth napkined. Pressed parts

(*Continued on page* 536)

What Insurance is

VITAL?

By THOMAS J. BYRNE, JR.

PART V

THE HAZARD OF DISABLEMENT

WE have been discussing in previous issues the two greatest hazards which the dentist has to face. We said that the Number One hazard for most men was the possibility of dying too soon, and the Number Two hazard was the possibility of living too long. Now we come to the third and last great hazard: physical disablement.

By disablement we mean inability to work because of accident or sickness. Here, again, the dentist, because of the peculiar nature of his duties, is particularly susceptible to great loss. There are many types of occupation where lengthy physical disability is not a severe threat to the income-earning ability of a person. For instance, attorneys, writers, artists, and others are all able to carry on in some measure the duties of their occupations even though they may be badly crippled or bedridden. Many other types of business men are so situated that they can be absent from their work in factory or office for months at a time without their income being seriously affected. The ordinary dentist, however, cannot be disabled through accident or sickness for even one day without his income immediately diminishing. In no type of profession or business is the income more directly dependent on the continued physical well-being of the individual than in the profession of dentistry.

If you are among those who have read the first article of this series, you will remember that we spoke at some length on the selective theory of insurance. The theory, reduced to its core, might be stated thus: "Insure against the big hazards; carry the little ones yourself." This same philosophy in insurance may be applied directly to the

"Some policies may be canceled by the insurance company at will, others are non-cancelable."

question of disablement. No man need fear greatly a short lay-up. If the worst disability that could occur to us would last only a couple of months, insurance against this hazard would not be particularly important. Certainly we would not list it as the third most vital protection for a professional man. It is not this we have to fear. What we have to fear is the long-term lay-up, something which will keep us away from the chair for many, many months, maybe years, maybe forever—and still not kill us. Most of us have a reserve in the bank or could, if necessary, borrow money and get along for a

matter of a few months should some sickness or accident incapacitate us for that length of time, but if a severe accident or one of these crippling ailments, such as heart afflictions and nervous disorders, should take us off the active list for a long period of time, most of us would find ourselves in severe financial difficulties. Besides the loss of income which he would otherwise earn in the interim, a dentist also faces a permanent injury to his practice in such a case. Patients who cannot get attention when they need it will go elsewhere and, once they are in the habit of going elsewhere, it is difficult to win them back again.

COST OF ILLNESS

Few persons aside from those who have actually experienced it can fully realize how expensive a prolonged illness may be. When we add to this unavoidable expense the tremendous loss of income which such an illness entails, we arrive at a total loss which, piled up through the years, reaches a staggering figure. Loss of income alone accumulates into a large amount of money. If a man is making $5,000 a year and is incapacitated for a two-year period, his loss of earnings alone amounts obviously to $10,000, so it is no Lilliputian hazard of which we speak. If this man should be crippled for life when forty years old, his loss of earnings may, if he lives long enough, amount to as much as $100,000.

We defined disablement as inability to work due to accident or sickness. It is interesting to note that sickness is a much more frequent cause of disability than accidents. Accidents account for only 29 per cent of all disablements, and this figure, too, includes disablements caused by industrial accidents. In the case of dentists we should undoubtedly find that accidents comprise an even less frequent cause of disablement.

So long-time lay-ups on the one hand, and sickness lay-ups on the other hand, are the types of disablements that we have most to fear. They are therefore the sort of thing we should attempt to protect ourselves against through insurance.

Yet when we come to insurance against physical disablement, we are confronted with a confusing array of different policies, some good, some bad, some cheap, some expensive, but in all cases somewhat complicated in their phraseology and coverage. There is no such thing as a "standard" accident and health or "standard" disability policy although the leading insurance companies are working toward that end now. May such a day come soon, for the present chaos makes it difficult for a purchaser to know when he has the real article and when he has a cheap substi-

tute policy, containing many "jokers" in coverage.

To attempt to bring some order out of the hundreds of different policy forms available, let us list the points on which the widest variation in coverage occurs. These are:

1. Some policies cover accidents only; others cover accident and sickness.

2. Some policies may be canceled by the insurance company at will; others are non-cancelable by the company.

3. Some policies continue the weekly or monthly benefits as long as the policyholder is disabled, even for life if necessary; other policies will continue the benefits only for a year or two years at most.

4. Some policies start to pay weekly or monthly benefits from the first day that a man is incapacitated; others start after a "waiting period" of from one week to six months of disability.

5. Some policies will pay lump sums of money for accidental death or for accidental loss of hands, feet, arms or legs, and so on, in addition to or in lieu of weekly or monthly benefits; other policies pay only the weekly or monthly benefits.

6. Some policies will pay hospital expense, doctors' expense, laboratory fees and nurses' expense in addition to the weekly benefits; other policies will not.

7. Some policies will pay weekly or monthly benefits only while a man is totally disabled; that is, not able to work at all; other policies will pay not only for total disablement but also for partial disablement; that is, where a man is able to work, say, a few hours a day, not all day.

Besides these major differences, there appear in many policies a great number of minor variations in coverage.

In general, if you will keep in mind the seven important points mentioned above when buying disability insurance, we feel you cannot go far wrong. You will find that there are few "bargains" in accident and sickness insurance. In the main you pay for what you get, and you get what you pay for. If you pay a cheap premium you may expect and usually will get a limited policy.

Now, let us take up the points mentioned above and evaluate their relative importance in the dentist's disability problem.

Point Number 1—We said that some policies covered lay-ups from accident only, and some covered lay-ups from both accident and sickness. In the first part of this article we brought out the fact that disablement from sickness is much more common than disablement from accident. This is particularly true for the dentist whose work is largely in an office where he leads a kind of hothouse life, sheltered and secluded from the

madding crowd (sometimes too secluded even from patients in the last three or four years). Certainly the sickness hazard to a dentist is far more important than the accident hazard.

Sometimes healthy men are inclined to boast that they can control the sickness hazard by proper diet, rest and proper care of themselves whereas they cannot control the accident hazard. This, to my way of thinking, is unadulterated poppycock. I happen to have personally experienced a solid year of disability arising in the most unforeseen way out of an ordinary appendectomy performed as a precautionary measure when I was in the best of physical condition. There is no such thing as completely controlling the incidence of sickness through care any more than one can control the incidence of accident through caution. As everyone knows, more accidents happen in one's own bathtub than anywhere else on earth, and after all we must take baths.

Point Number 2—Under this head, we considered the fact that some policies may be canceled by the company, whereas others provide by their terms that they may not be canceled by the company until the insured reaches the age of 55 or 60. In the case of a policy freely cancelable by the insurance company it sometimes happens that the insurance company, having paid a claim for accident or illness, will cancel the policy for fear of a recurrence of the illness or reoccurrence of the accident. This is especially true where the insurance company feels that the disability has made the insured more susceptible to future accidents or illness. It is, therefore, distinctly valuable to have in your policy a provision that the insurance company cannot cancel the contract before you reach the age of 55 or 60. The insured, of course, under any sort of policy may always cancel his contract at the end of any policy year; but it is only where the insurance company waives the right to cancel on their part that the insured really owns his policy.

Point Number 3—Some policies pay benefits for many years, even in some cases for life; other policies pay for only a year or two. We believe this a most important point. If the policy pays only for a year or two, it may not cover the really long lay-ups which are the very ones which need protection worst. I cannot imagine a more disheartening experience than to develop, say, a permanent heart affliction, and have the policy pay its regular benefits for two years' time and then stop just when one was relying on them most. Policies covering only against accident generally have no such limit and they pay for life if necessary; but policies covering

sickness and accident for life if necessary, without any time limit, are rather difficult to secure in a sufficiently strong company except as supplementary coverage in a life insurance policy. A popular substitute now is a policy covering sickness and accident and providing a lump sum of money which is paid out in installments of $100 per month until the lump sum is exhausted. Generally one must have a physical examination for policies covering sickness for more than two years, but this should be no deterrent unless a man feels he cannot pass such a physical examination.

Point Number 4—Some policies start paying weekly benefits immediately on disablement while others have a waiting period; that is, the benefits start after two weeks, a month, or three months, and so on. In our estimation it is not vital that a policy start to pay its benefits immediately. Let us remember our slogan "Insure against the big losses—carry the little ones yourself." The long lay-ups are the ones that hurt. Short lay-ups of a few weeks do not represent an unrecoverable financial loss and, if the policy does not cover them, what of it? Moreover the premiums for the policy will be more reasonable if it does not cover the first few weeks or few months of disablement.

Point Number 5—This dealt with the so-called principal sum benefits; payments of large lump sums for accidental death or accidental dismemberment. These benefits, we feel, are distinctly frills, especially in the case of the dentist. Every dentist mortally fears loss or paralysis of his working hand or fingers; yet loss of members such as feet and legs, arms and hands, due to an accident, are rare. Even accidental death is so much the exception that insurance companies grant this coverage for a premium of $1.25 per $1,000 per year. It is not *accidental* death that the average dentist has to fear; it is so-called *natural* death, which may be very unnatural; that is, it may come at the age of 30 instead of the "natural" age of 60 or 65. Personally, any money which I have to spend on accidental death insurance I will put into real life insurance on which I know I or my beneficiaries will collect some day.

Sometimes dentists will inquire for lump sum insurance for accidental loss of the two operating fingers of the right hand. This is all right in so far as it goes but it ordinarily does not go far enough. It should not be used as a substitute for regular accident and sickness insurance. It is usually quite difficult to get an insurance company to write a substantial amount of insurance on specific fingers; and secondly, even though adequate coverage is secured for accidental loss of these fingers, it leaves unprotected the rest of the acci-

dent hazard and the entire sickness hazard. It covers at best a somewhat remote possibility of loss.

Point Number 6—This point dealt with the fact that some policies pay, in addition to the weekly benefits, certain sums for hospital expense incurred, nurses' salaries, surgeons' fees and ambulance and x-ray charges. All these things are nice to have but they are not important. The prime purpose of a disability policy is to replace the income of the disabled party. If the policy pays the man's income while he is laid up, he can find a way to take care of the incidental expenses of sickness or accident.

Point Number 7—Under this head we brought out the fact that some policies pay for partial disability; other policies do not. Partial disability ordinarily covers the convalescence period where a man is able to work part of a day or part of a week but not regularly or continuously. This period is ordinarily short and, even if it is not short, the policyholder is actually earning some income himself, so that his need of coverage is not so great. We therefore say that this point is not particularly important compared with some of the others.

SUMMARY

Summarizing then, we would say that the two most important points to look for in any disability policy are first, to see whether it covers sickness as well as accident; and secondly, to see that it pays in the case of accident as long as a man is disabled and in the case of sickness, for as long a period as possible. This is not to say that the policy contract as such may not terminate at age 55 or 60. As a matter of fact, virtually all accident and sickness policies do provide that they will not cover disabilities commencing after age 55 or 60. But if the accident or sickness starts before age 55 or 60 the insurance company must pay the policy holder for the regular period provided in the policy, which, in the case of accident policies, is for life. This is the only way that complete protection can be assured for protracted or permanent loss of income through disability.

Disability, or accident and sickness policies, are commonly written in two ways: either as an additional clause incorporated in a life insurance policy or as a separate contract. Where it is written in conjunction with life insurance, it now commonly carries a six-months' waiting period (shorter in a few companies) but pays for life if necessary. This is a rather long waiting period. It means that a policyholder must be disabled six months before he is entitled to receive benefits from the insurance company. Where the policy is issued in a separate contract, shorter waiting periods can be

secured but the policies issued by reputable companies on this basis will pay only a little over four years, not for life.

There is one other matter that should command attention when buying accident and sickness insurance. Be sure the company is large and soundly managed. This contract, like a life insurance policy and an annuity policy, is usually a long-term contract, running for many years. If you become disabled and disability is protracted or permanent, the continued financial stability of your insurance company will be a matter of the most vital interest to you. It is no easy task to judge which insurance companies now in existence are going to continue in business for as long as you will need them. The difficulty is further complicated by the fact that many of the companies writing accident and sickness insurance are not the large life insurance companies but are the smaller so-called casualty companies whose affairs are not so rigidly supervised by the state insurance departments as are the affairs of the life insurance companies. Some of the life insurance companies, however, do write accident and sickness insurance.

If possible, try to place your protection in a company whose size gives some assurance of its continued existence. To our way of thinking, little consideration should be given to any company writing accident and sickness insurance with a combined capital and surplus of less than $1,000,000. Even a company of this size is small as insurance companies go. Beware of the so-called assessment company which carries in its financial statement little or no surplus funds, and operates on the assessment basis; that is, charges a comparatively small initial premium and assesses its policyholders periodically during the year. These companies have none too savory a reputation for stability and usually their contracts are restricted in coverage.

This disability hazard, while it does not affect as many people as the death and the old age hazard, still when it does strike, may be equally as serious and tragic as the other two. Always remember that a long illness not only cuts off a man's income but may pile up additional expense over a period of years.

So we feel you would be doing yourself a favor to check over your disability coverage, if any. Pull out from its musty drawer that dust-covered policy that you bought ten years ago. See if you can remember what it covers. If you cannot call up the agent and find out. Then check it with the points mentioned above. We warrant you will be surprised—and interested.

175 West Jackson Boulevard
Chicago, Illinois

Dental Savings Plan Devised for Patients

A dental savings plan which enables his patients to pay for dental services on a time basis has just been devised and put in operation by Doctor W. C. Ralston, Milford, Connecticut. His method, which is based on a system of regular deposits similar to that developed in connection with the Christmas Club idea, permits a patient to obtain treatment immediately by simply showing a card to prove that he has become a depositor in the dental insurance plan. Not only individuals but entire families may be treated and pay for the services on this installment basis.

This system was worked out by Doctor Ralston in an effort to accommodate many of his patients who had been forced to neglect the care of their teeth during the depression. He arranged with the Milford Trust Company to accept deposits on the same principle as a Christmas Club.

In explaining the operation of his plan Doctor Ralston said, "Whenever a patient comes to me who does not have money to pay for dental services I suggest that he join the Insurance Club. As soon as evidence is presented that the patient has opened an account under the dental sav-

First obtain an estimate of your likely dental needs for the year.

I, John Doe

Faithfully endeavor to deposit ---------- in Bank each week during 193

All dental services will be rendered as needed, providing such does not exceed amount deposited in bank.

No amount to be withdrawn during the year, except for dental needs, and then only at six months intervals. At expiration of year holder shall withdraw amount equal to dental obligations and balance may be used at own discretion. This being a co-operative plan, no withdrawals can be made without signatures of both parties.

Have your card punched at time of making deposit, and use it when needed as a credit priviledge.

Signed John Doe

W. C. Ralston D.D.S.

ings plan, I guarantee immediate treatment. If he objects to the idea it is, in my opinion, a sign that he does not intend to pay for some time, if ever. Thus, I can determine the intentions of my patients with a good deal of accuracy and know whether or not they are good credit risks."

When the patient makes his first deposit under this plan he signs an agreement, a copy of which is shown here. He promises to deposit a certain sum each week for a specified length of time, or for a year. This card is also signed by the dentist, so that no withdrawals can be made without the signature of the dentist as well as the patient. On the back of the card are printed figures representing sums of money ranging from twenty-five cents to a dollar. Every time a deposit is made the card is punched to correspond with the amount put in the account.

Asked if he thought that all of his patients would continue to make deposits under this system, Doctor Ralston said he believed that most of his patients were honest and wished to pay if they were given a fair chance.

"The patients I have in mind," he said, "are not charity patients but merely ones who have been forced by the depression to neglect their teeth. This plan makes it possible for those who are small wage-earners to obtain adequate dental care for themselves and their families without going to free clinics. It also trains the patient to save regularly and protects the dentist from becoming a victim of persons who try to get dental services for nothing.

"Since this dental savings plan has been inaugurated, I have received the following letter from the Milford Trust Company with which I am cooperating:

Dear Doctor Ralston:

The Dental Health Insurance, which we have recently installed in this bank at your suggestion, should prove very beneficial to a large number of people.

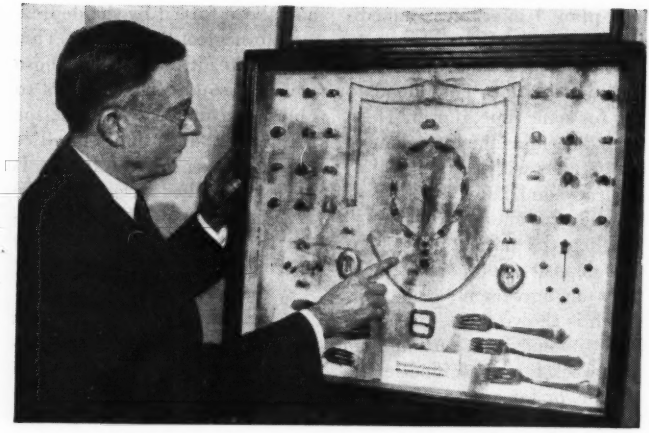
It permits a person, regardless of his financial position, to have such dental work as may be required properly taken care of without delay. Those who are in a position to pay for dentistry will also find this method of providing the means a very desirable one. We believe it will appeal to a large number in this class.

Installment buying, and this method might be termed installment saving, has proved very popular for years, and we consider this service that is now offered the public will prove very satisfactory.

Albert P. Stowe, Secretary
The Milford Trust Company
Milford, Connecticut

ANNUAL INDEX READY

The index for the 1934 volume of ORAL HYGIENE is now ready for distribution. Copies are sent gratis upon request. Address, Publication Office, 1005 Liberty Avenue, Pittsburgh, Pennsylvania.



Morton C. Tilden, D.D.S., displays his hobby—handwrought jewelry—at the exhibition of hobbies in connection with the Midwinter Meeting of the Chicago Dental Society.

Hobbies Exhibited at the Chicago Meeting

ALL that extra leisure freely predicted for the future won't be a burden to some dentists. At least forty of them have learned the art of civilized loafing. To the hobby show held in connection with the Midwinter Meeting of the Chicago Dental Society they brought evidence of all the fascinating ways in which they spend their free hours.

Doctors William F. Tolar and William H. McCarty, in charge of this novel show, proved that dentists write music, paint, take pictures, design buildings, repair watches, build radios, collect stamps, model ships, and hunt big game for diversion.

In the realm of photography eight dentists showed particular skill in capturing unusual and elusive scenes. Stately skyscrapers; street scenes; Nature in serene, quiet moods; the turmoil of a blizzard—all were subjects that offered inspiration to the dentist photographers. And A Century of Progress by day and

by night was vividly revived in fifty stereoscopic pictures.

Paintings exhibited by the professional men whose avocation is art revealed a wide variety of tastes and technique that included realistic scenes and extravagant abstractions. Specialists in sculpturing showed an interest in subjects that ranged from the head of "Grandma Johnson" with its finely etched wrinkles to models of aristocratic racing horses. And one dentist had moulded a bust of himself in clay.

Two large moose heads and four deer heads were contributed by a man who spends his off hours tramping from Mexico to Canada in search of big game.

Several stamp enthusiasts presented the results of their industry: one of these collections featured the prosaic labels of Washington's day in contrast with the gay, scenic stamps inspired by the New Deal.

A dentist whose hobby is bee culturing displayed a collection of live bees properly restrained; and an ambitious taxidermist showed mounted specimens of birds and fish.

To one of the collectors the World War must have been just a big hunt for souvenirs: it contributed a sizeable number of guns, helmets, war crosses, medals, and uniform buttons to his collection of relics dating from the Franco-Prussian War. Another who favors the war theme showed samples of bullets he had made himself.

Altogether the hobby show proved that a dentist will try his hand at almost anything in the way of creative art. One exhibited a model bungalow he had made; another presented his conception of an ideal dental office; and the long list of exhibits included an amateur short wave radio set; an interesting collection of hand wrought jewelry; a miniature carriage; miniature models of a Spanish galleon, a Roman slave ship, a modern destroyer; and the smallest gasoline motor in the world.

Next year it is hoped by the sponsors that this unique show will develop into an even more extensive exhibition of the creative arts and varied interests of the members of the dental profession. To make this possible visitors to the show were asked to sign their names and describe their hobbies in a permanent record to be consulted in preparing the 1936 exhibit.

DENTISTRY

in Other Countries

IN answer to inquiries as to how disturbed economic conditions had affected dentistry in other countries dentists from South Africa, England, Australia, and the Philippine Islands, who attended the Midwinter Meeting of the Chicago Dental Society, gave interesting sidelights on dental practice in various corners of the world.

Barnett Braude, D.D.S., a graduate of the University of Michigan, has just completed nine years of practicing dentistry in Capetown, South Africa, of which he is a native. "Although dentists of South Africa observe the rules of ethics as related to advertising much more strictly than the dentists in America," Doctor Braude said, "there is little dental education either of children or adults with the result that there is probably a higher percentage of edentulous persons in Capetown than in any other city in the world.

"Recently," Doctor Braude said, "there has been an effort to start educating the public to the need for dental services by means of radio programs, and there is considerable agitation just now for a health insurance plan that would make it possible for those whose incomes are small to have dental care."

Thomas Morrison Lloyd, L.D.S., 173 Macquarie Street, Sydney, Australia, a member of the executive board of the New South Wales branch of the Australian Dental Association, attended the Midwinter Meeting as an observer interested in finding out what American societies are doing to combat unfavorable economic conditions. His organization is at present making a survey of dental needs in Australia and formulating plans for the wider distribution of dental services to all classes, Doctor Lloyd said. When this work is

completed the results will be reported in ORAL HYGIENE.

Doctor Juana Abary Murillo, Manila, Philippine Islands, who was formerly connected with the dental division of the Bureau of Health in Manila, said that important work in preventive dentistry is being done in the schools throughout the Philippine Islands. This work is under the supervision of a branch of the American Red Cross and is paid for by Red Cross subscriptions which are augmented by an annual payment of thirty cents made by each one of the school children. Ordinary dental work is performed in an office fitted up in the schools. Any extensive work, however, is referred to private dentists.

Ernest Matthews, L.D.S., Director of Prosthetics, Manchester University, Manchester, England, said there was considerable dissatisfaction with the present system under which dental services are given in England as additional benefits adjunct to the medical health insurance plan.

"Dental patients," he said, "are now reimbursed for only sixty per cent of the standard fee charged for dental service and must pay the remaining forty per cent themselves. Members of the dental profession are hoping that when the present plan terminates in 1936 they will be able to secure more satisfactory regulations including higher fees for their services."

DENTIST LOSES IN COURT

The answer of the Supreme Court of the United States to the appeal of Harry Semler, Portland dentist, who challenged the validity of the Oregon law prohibiting advertising by dentists, will be a dismissal of his appeal, according to all indications.

Following the conclusion of the arguments by F. S. Senn, counsel for Semler, that the prohibition was an invalid encroachment on the constitutional rights of dentists, Chief Justice Hughes, who had taken a poll of the court, announced the justices did not wish to hear argument by state counsel.

This was an indication that when they announced their opinion the appeal would be dismissed.

While he admitted that the dental profession as a whole might frown on advertising by dentists, Mr. Senn insisted that no state had the right to prohibit, as Oregon had, a dentist from advertising his superiority, his prices, free dental work, and free examinations, or that he guaranteed his work.

He also declared that the law went too far when it prohibited dentists from using advertising signs, solicitors, or press agents.

New York Society Votes for HEALTH INSURANCE

AT a lively meeting of the First District Dental Society of New York early last month Doctor Herbert E. Phillips, of Chicago, took sharp issue with the American Dental Association's February resolution on health insurance. Doctor Phillips is well known as a member of the Committee on the Costs of Medical Care and of President's Roosevelt's Dental Advisory Committee of the Committee on Economic Security. He contributes frequently to ORAL HYGIENE and *The Dental Digest.*

Following Doctor Phillips' address, Doctor Bissell B. Palmer presented a resolution favoring the health insurance principle and providing for a committee of five to study the problem and prepare a model dental section "that may be incorporated in any health insurance bill that may be introduced in the New York State Legislature." Doctor Palmer is chairman of the socio-economics committee and past president of the American College of Dentists; he is also a member of President Roosevelt's committee. The First District Society adopted Doctor Palmer's resolution.

Doctor Alfred Walker, chairman of the A.D.A. Judicial Council and a member of the Roosevelt committee, speaking in favor of the Palmer resolution, said it met the issue squarely and that "the responsibility is ours, we must accept it and set ourselves to the task of evolving a workable plan. No further waiting for others, for unless organized dentistry takes the initiative those less qualified may force upon us something that will prove disastrous both to the public and to the profession."

Doctor Phillips' address and the Palmer resolution were regarded as news of national importance by *The Literary Digest* which carried a double column story in its March 16 issue. *The Literary Digest* article also dealt with ORAL HYGIENE'S health insurance poll. As reported last month, this magazine's January investigation—conducted purely to discover the attitude of the profession—revealed an overwhelming sentiment in favor of the health insurance principle. More than 9 per cent of the American dental profession sent their ballots to ORAL HYGIENE; 4,513 out of the 5,846 total favored the health insurance principle. The resolution adopted by the First District Society re-

flects the same sentiment.

Doctor Phillips, according to the First District Society's official press release, assailed both the A.M.A. and the A.D.A. for their recent resolutions opposing health insurance. "Words, words, words, when action is imperative," he exclaimed. "A model bill written by the professions with the intent of providing professional administration of health insurance is the road to adaptation for the survival of professionalism and science."

Doctor Phillips quite bitterly criticized A.D.A. and A.M.A. officials. "They leave us stranded," he said, "in no secure position to supplant or even protest the assumption of administration by industry, government, or insurance carrier. . . . We are on the outside by their lack of preparation and if our official voice is absent from the conference table the fault is theirs." Urging the First District Society to assume leadership, Doctor Phillips said, "Your Society could be of service to the whole profession in charting channels through which professionalism and science will continue to serve the American public."

In discussion Doctor Bissell Palmer said: "It is to be earnestly hoped that the medical professions in America will avoid committing the same tactical blunders that were responsible for so much grief in the professions in Europe. If medicine does play ostrich with the problem, dentistry must keep its head out of the sand and be alert to its responsibilities."

Doctor Palmer listed thirteen provisions to be included in any American Health Insurance system:

1. Adequate health-service for all low-income groups in the population.
2. Maintenance of quality of service by placing responsibility for the quality on local professional organizations.
3. Limitation of the income-eligible group so that those able to pay proper fees of private practice will not be included.
4. Extent of services adjusted for various age-groups, so that, although *adequate* dental care shall be provided for all, special emphasis will be placed on the preventive phases of children and young adults.
5. Sufficient flexibility to permit services, beyond the minimum fixed as adequate, for those of the insured who are economically capable of expending additional funds for such purposes.
6. Adequate remuneration for all health-service practitioners.
7. Control and operation of the plan by the health-service professions, with complete elimination of political interference and commercial exploitation.
8. Free choice of practitioners by patients, and free choice of patients by practitioners.
9. Continuance of private-practice of health-service as opposed to a general clinic procedure.
10. Elimination of cash payments to patients, benefits under health-insurance to be strictly limited to professional services.
11. Provision for periodic post-

(*Continued on page* 542)

W. Linford Smith
Founder

ORAL HYGIENE

EDWARD J. RYAN, B.S., D.D.S.
Editor

Editorial Office: 708 Church Street.
Evanston, Illinois

Give me the liberty to know, to utter, and to argue freely according to my conscience, above all liberties. — *John Milton*

DENTAL EDUCATION RECEIVES A GIFT

IN a previous issue of Oral Hygiene a news story[1] reported the gift-endowment to the Kansas City-Western Dental College of the Cogswell collection of oral surgery models. This gift was made by Mr. T. J. Pendergast, a prominent citizen and an important political figure of Kansas City, Missouri. His name is now added to the illustrious list of other benefactors to dentistry which includes Eastman, Guggenheim, Forsyth, and Mrs. Montgomery Ward. Coming at a time when endowments to education are being curtailed, as a result of the marked contraction of wealth, this gift to dental education is particularly gratifying.

Comment has often been made that dental education and research have received comparatively few endowments as compared to medical education and research. This is true. There is, however, the honored list of dental benefactors who have given money to establish clinics or to building funds; these persons have seldom made gifts to endow chairs of teaching or research professorships. Future benefactors could do a service by underwriting dental research projects or encouraging a higher standard of dental teaching by the creation and maintenance of teaching positions. It will, though, always be more difficult to encourage men

[1] Pendergast Raises Fund For Dental College, Oral Hygiene **25**:220 (February) 1935.

of wealth to donate funds to a more or less intangible professorship as compared with the more spectacular and tangible form of gift, such as the erection of a building or the establishment of a free or part-pay clinic. The heart of dental advancement, however, lies in the quality of dental teaching and research, and not in stone walls and architectural beauty and design. The most beautiful and utilitarian classroom may echo the hollow voices of third-rate pedagogues, and what parades as research may be merely repeat performances of work done and reported.

Dental education cannot be entrusted to teachers who failed in or fear the world of dental practice. Dental teachers of the future should not be recruited from that stop-gap group who fill in the time between graduation and the establishment of a practice. Moreover, effective teaching cannot be done "on the side" by busy practitioners. Some clinical teaching must be done by so-called "practical" men from private practice, but the basic and fundamental training must be given by men who teach by vocation; who are trained in modern pedagogy; who are secure in their positions; who receive a salary at least comparable to the average income from private practice.

Furthermore, dental research cannot be done in the corner of a laboratory or on the arm of a chair. No single project in the study of disease requires more training, imagination, and consistent application of the scientific method than the approach to man's common and universal enemy—dental disease.

The Pendergast gift, which was encouraged by a Colorado Springs surgeon, W. P. McCrossin, M.D. is significant because it was made to advance dental teaching; specifically, the teaching of oral surgery. We hope that it represents the beginning of an interest by men of wealth and influence in dental education and research. Such interest may be stimulated by any dentist who is acquainted with a successful man. It should interest any of us to record the reaction of a wealthy person to our suggestion that the field of research in the disease that attacks all of us is wide open for development!

My Experiences Under Health Insurance

(*Continued from page* 493)

how vitally such a system has affected the practices and lives of almost every dentist in England. The description of "panel" dentistry to follow may bring to light some angles characteristically English. Nevertheless, there are fundamental evils inherent in the system, evils which are not endemic to England, and would flourish as well in America.

Bureaucracy, with its red tape, political influence, and log-rolling, claims no native land—and is certainly not alien to ours.

As you probably know, there are two types of dentists in England: one the qualified dentist, whose degree is equivalent to our D.D.S.; and the other, the unqualified dentist, untrained and with no foundation in the medical sciences. The latter came into the profession through many avenues, especially the dental laboratory; but a great number graduated from the ranks of "outside" men attached to the unqualified dentist's office.

It used to be the common practice for a canvassing team consisting of the "professor," his assistant, and a "spieler," appropriately attired in top hat, to go from door to door soliciting and also performing the preliminary extractions! When the "spieler" grew tired, he exchanged places with the "professor," and at the next house was a fully-fledged doctor.

Until 1921 the government did not restrict the unqualified man who did all the things prohibited and unthinkable to the possessor of the L.D.S. degree, just as in this country the advertising man still allows himself practices unthinkable to the ethical dentist.

Of the 14,000 practicing dentists there were available for the machinery of panel dentistry only 3,000 qualified and registered men. The Government therefore decided to register all the practicing dentists—most of them without any examinations as to their fitness. Thus it will be seen that the greatest number of the registered dentists had never seen the inside of a dental college.

With such a personnel, it was easy for the government to institute its dental insurance scheme; for with so few men the products of professional schools, the resistance to any encroachment upon standards and ideals was not great. Under the circumstances, cupidity outweighed the demands of professional integrity

in the newly-registered man. In those postwar depression days rumors of millions of dollars available for dental benefit annually acted as a spur to the acceptance of the system. Nevertheless, the dentists were not easily weaned from their private practice. For, as we have intimated, they had the fate of the physician before them.

The attempt was made to avoid repeating the evils of the medical panel system: the dental scheme started off by reimbursing the patient for part of the bill paid to his private dentist. But in signing the certificates and otherwise complying with the rules, the dentists came under the workings of the system and gradually were reconciled to the presence of the administration in their business; hence the expansion of the scheme encountered only slight objection.

MACHINE CONTROL

Unhampered procedures now gave way to a highly-geared administrative machine which incorporated the facilities of the insurance companies or "friendly societies." These "approved societies," besides collecting and distributing the vast funds, also paid the expenses and salaries that the system created. Although the supervision of the whole system is by government officials, their salaries are paid by the companies.

Naturally, these companies, with an eye to conserving their funds, legitimately demanded that safeguards be erected before widening still further the dental benefit system. The dental profession was persuaded to accept as binding the rulings to be made in future by a Joint Dental Benefit Council.

The dental profession was unsuspicious of the momentous implications in this step, and it serves as a glaring example of the ease with which an entire profession can be misled. At this time, 1926, I rose in the national meeting of the Public Dental Service Association and pointed out that, by agreeing to accept beforehand as binding the rulings of the Joint Dental Benefit Council, we were committing ourselves to the principle of a limited type of practice dictated by the operations for which the Council would choose to pay. Even the General Medical Council (equivalent to the State Board), I added, did not presume to specify the type of practice we were to follow; our training and professional ideals being the only limits upon it.

I was assured by both insurance officials and leaders of the Association, particularly the president, that the intention was not to restrict the trained and qualified dentist.

"You understand," he said, "so many men are not trained, and have to be guided—one

simply has to have a means of co-ordinating the service. No one would presume to tell an L.D.S. how to practice dentistry." Such assurances from the leaders lulled the fears of many, and the Joint Dental Benefit Council was accepted. Alas! for promises. . . . .

Having accustomed the dentist to work under a partly socialized system, and with his acceptance beforehand of the rules, the administration now proceeded to disclose its full program of socialization. Too late, the dentist found that the whole complexion of his practice had changed, bringing a new relationship between dentist and patient.

No longer did the patient and dentist mutually agree on the type of work to be done; henceforth, treatment had to follow along fixed and prescribed lines, if the patient came under the insurance act. Since almost every employee in the British Isles does come under the insurance act, it is seen that the dentist in one move lost virtually his entire private practice.

So much for the assurance, given by those who are either misled or are misleading others, that private practice could be maintained.

Further, it is incumbent upon the dentists to ascertain the status of the patient. To quote from the latest schedule, that of July 7, 1930:

"The Council desires to emphasize that a dentist should, before arranging. . . .to charge on the basis of his private fees, take all reasonable steps to ascertain that the patient is not an insured person entitled to treatment as such under the insurance service.

"*. . .difficulties (for the dentist as well as for the patient) will undoubtedly arise unless every endeavour has been made by the dentist to ascertain the status of the patient.*" (Italics mine).

Having determined that the patient is insured, the dentist can give him only the service specified in the schedule, even should the patient be willing to pay for better! For the administration to permit the latter would be a tacit admission that the service rendered is not the best. . . . Under pain of expulsion "a dentist may not suggest or entertain any suggestion from the patient of such 'superior' treatment."

The schedule of fees below is cited not to show how little is paid for each item (for if we are to judge from the experience of the medical panel, the lowest level has not been reached), but to indicate rather the type of dentistry to which the dentist is limited.

SCHEDULE OF FEES

The Scale (as of July 7, 1930, effective for five years):

	£. s. d.	
Scaling		
Per Individual	7/6	$1.75
(Scaling fee covers the removal of calculus, provision of treatment, for all ordinary disorders of the gum, even though more than one visit is required. Special estimates are not to be submitted unless conditions are very exceptional.)		
Fillings		
Per Filling	7/6	$1.75
with maximum of 12/6 ($3.00) for any one tooth.		
Root Treatment		
Per Tooth	7/6	$1.75
Extractions Per Tooth with local anesthesia	2/6	$ .60
Maximum for each jaw	12/6	$3.00
Maximum for both jaws	1/2/6	$5.60
General Anesthetic Fee		
Extra	7/6	$1.75
(Any proposal to extract one, two, or three teeth with general anesthesia must be made the subject of a special estimate and be accompanied by a special report setting out the reasons for the use of general anesthetic.)		
Dentures:		
1 tooth	1/ 1/0	$5.00
up to a maximum for full denture	2/15/0	$13.50
Crowns	1/12/6	$7.00
(Including any necessary root canal treatment; except under special circumstances, which must be fully explained in the estimate; these should be recommended only in respect to the six front teeth (upper or lower), and should be confined to not more than one tooth in each jaw.)		

In passing, it should be mentioned that gas is quite the common anesthetic in England; the difficulties put in the way of its use is another instance of the influencing of the dentist's practice purely in the interests of economy.

The modern dentist, analyzing this schedule, will naturally wonder where provision is made for roentgenograms, inlays, or any of the other procedures which come up in our daily practice. The answer is: there is no such provision.

To the unqualified dentist, these omissions were no great loss. But consider the plight of the trained and qualified dentist: if he insisted that his patient should have the benefit of all the advances in modern dentistry, difficulties for them both began to pile up. Examinations of the patient by the Regional Dental Officer would be necessary, with a consequent loss of time and money to the patient. Generally the claim was disallowed, and the patient carried back to his dentist instructions to proceed along the lines "suggested" by the examining dentist. The whole proceeding was certainly not calculated to inspire confidence and respect for the dentist in the mind of the patient.

A word of caution may be in order at this point. Do not make the mistake of blaming this demoralizing situation on those who frame the rules; *the fault lies in the system.* It should be

conceded in all fairness that rules are logical and necessary, if the system is to be operated. England in some respects is less culpable than other countries whose restrictions are much more severe.

Under any socialized system it is a truism that the lowest standard of dental practice becomes the norm. Though not admitted in so many words, one soon comes to realize that it is the policy to discourage restorations and other conservative measures. Each tooth filled will eventually be extracted, thus entailing double expense to the funds. With the administration calling the tune, small wonder the majority agree that the easier method of extraction and replacement on a vulcanite denture is to be preferred to the time and money-consuming conservative measures.

Repugnant as is this tendency to the properly trained dentist, in the end he must fall in line or jeopardize his livelihood by friction with the administration. His dilemma is exactly that of the medical man—submit or be damned!

With a premium on mediocrity, how long can a profession, as such, survive?

The effects of a socialized system may be summed up as follows:

The patient. . .does not get the thorough and best attention that was originally intended.

The profession deteriorates.

The professional man. . .instead of achieving economic salvation, finds his condition worse than before.

What has been achieved, however, is the establishment of a bureaucracy with administrative and inspecting jobs; each jobholder being anxious to perpetuate the system and. . .his job.

As a conscientious dentist your thoughts may run: "If I continue to do my work honestly, no change in system can bother me." But it is just the honest dentist who will resent and resist procedures detrimental to the patient, even though they are calculated to effect economies. If your instincts rebel against the philosophy of, "I'm being paid for it—so what do I care?" then you cannot fit in, and the system will ride over you.

The facts must give pause to those who are frankly willing to sacrifice professional standards in the hope of higher income under the new system. They are told that even if fees are lower than they are now (and we ourselves have already cut them to near the vanishing point) this loss will be more than offset by the increase in volume. From my own experience and that of hundreds of physicians and dentists I encountered in England, I can assure you that this is a grave fallacy. Not only are the

fees lower per unit of service but, what is an even greater tragedy, the number of patients remains the same.

Excluding the indigent, the patients coming under the insurance system will be the same *employed* persons who now constitute your practice. If they are working, they can afford to pay our prevalent low fees; if they are not working, they cannot avail themselves of dental benefit, for, as experience shows, no dental benefit is ever complete, and the patient must pay a sum additional to the grant made by the administration.

Do not make the fatal error of assuming that fabulous sums will be spent for dentistry. I challenge anyone to show a plan whereby adequate medical care was first provided, and then sufficient funds remained to carry on a feasible dental benefit system which would do justice to both the patient and the dentist.

While the scale of fees is intentionally not too low in the beginning, the physician finds his income shrinks in a few years to less than ever before. The English medical practitioner started off with $5.00 per capita annually, and now receives $1.75. In the case of the dentist, the original scale has already been cut once, and at the end of the present five-year period will doubtless again be revised downward. Furthermore, experience has shown that in most countries, when the government's financial condition is weakened, it dips into the social service funds and lowers fees.

The outlook for the public is equally cheerless. Despite any adroit economic sophistries or juggling of statistics by the crusading experts for socialization, the cost for health service will still rest on the masses. Having paid their premiums, they will still be made to pay the employer's share, which will be passed on to them, and the government's share in the form of taxation.

They must expect a lowering in professional standards of service, a decline to the level of 30 or 40 years ago. The experience of European countries shows that the socialization in dentistry is done at the expense of quality.

We venture to state that inferior, slipshod dentistry is fraught with more danger to the public than even a lack of dentistry.

This may not be quite so true of medicine, because the patient is aware of his illness and continues to seek relief. In the case of dentistry, bad work may, unknown to the patient, initiate and perpetuate trouble, as has been recognized and taught since the days of Hunter.

How often in your own practice have you encountered mouths filled with inferior

bridges; restorations under which no attempt had been made to remove carious material; granulomata, which you were forced to conclude were the aftermath of bungled root canal fillings? Your own reaction in these instances has probably been: "This patient would have been better off had he never seen a dentist."

With the lower fees of proposed systems militating against good dentistry, what can take the place of competition and the necessity for building up a practice which now compel the dentist to do his best work? Will you have inspectors for every piece of work, making room for countless political jobs?

The change to socialization is urged by its advocates as a trend in keeping with the "approaching social order."

We who conscientiously oppose such a "social change," a change which in the circumstances can only be regarded as retrogressive, run the risk of being termed selfish, inhumane obstructionists. We should, however, only merit opprobrium if at this critical stage, we did not point out the inherent evils threatening the public and the professions.

No socialized system we may adopt in the United States could be purged of these inherent evils despite the specious assurances of its advocates. Inseparable is the necessity for an economic administration which achieves its end through the demoralization of the profession and exalts the lowest type of practitioner.

Rules which will hamstring the honest practitioner but which will not curb the unscrupulous are inevitable.

Mass production methods and the acceptance by the public of slipshod dentistry as desirable are inevitable.

Repeated lowering of fees by administrators forever anxious to effect economies justifying their existence are inevitable.

Many countries suffering under the burdens of a socialized system would be glad to be relieved of this incubus, were it not for the enormous vested interests, paid-in premiums, administrative machinery, and the like, which compel the perpetuation of the system.

Shall we favor socialization? Upon our decision depends the future of dentistry. What we gain by such an adventure can only be temporary and destined to be quickly dissipated; what we lose is irretrievable. Once we have embarked, there can be no turning back.

Dentistry has the dual obligation of learning the real facts and presenting its case to the public.

4125 Bell Boulevard
Bayside, Long Island

Dental Problems Pass In Review

(*Continued from page* 495)

serve your own interests and those of society if you take an active part in the process of adjusting our professional health services to the changing needs of society. The future has always belonged to those who anticipated it rather than to those who turn away from it.

"I am confident that in the future we shall establish the principle of paying for health services in advance rather than in arrears."

Citing the long delay between the giving of services and payment as one of the causes of high costs and fees which shut off a large part of the public from medical treatment, Doctor Tugwell pointed out that nearly three-quarters of the population now find themselves unable to pay illness costs.

In conclusion Doctor Tugwell urged the dental profession to aid in correcting this condition saying, "We must find access to your knowledge and skill for every person in the land just as we have undertaken to open educational opportunities to every child whether he be poor or rich or wherever he may live. That is your present task. It cannot be accomplished if the task is entered on in a cautious and withdrawing way with a view first of all to the protection of an existing interest.

"I am convinced that this can be done without impairing professional zeal or preventing the development of individual incentive."

Chicago Dental Society Male Chorus, shown at the general session of the Midwinter Meeting Tuesday evening, at which they sang several selections previous to the address by Rexford Guy Tugwell.

Further discussion of the economic future of dentistry was started by John T. Hanks, D.D.S., New York City, Wednesday afternoon at the meeting of the Dental Economics section. Under the title, SHOULD WE PREPARE A PLAN TO CARE FOR THE DENTAL NEEDS OF ALL THE PEOPLE? Doctor Hanks, who is Dental Advisor to the Federal Emergency Relief Commission, analyzed in an impartial way the arguments presented by those who favor the health insurance principle.

In view of the impending possibility of changes in the giving of services Doctor Hanks urged that the dental profession be prepared to present its views as to how much service it is to render in any health insurance scheme that may be adopted by Congress and the state legislatures. He emphasized the fact that in any such plan the dentists must keep uppermost in their minds the thought of giving complete service to all the people.

"The greater the amount of dental health service that is given," he said, "the less general illness will there be. If wise laws and regulations are set up so that the health professions will be satisfied, they will accept and cheerfully work to the great advantage of all. However, if one of the parties is the victim of aggrandizement of the other, nothing but dissatisfaction and strife will follow."

As supplementary advantages of a satisfactory health insurance plan operated under just laws, Doctor Hanks showed how unfair commercial competition, advertising dentists, and the lure of cheap prices, might normally disappear. The state, too, he pointed out would be in a position to demand higher professional standards.

Speaking of the possibility of abolishing free clinics, he said, "If the plan proposed to have the government pay the insurance premiums for the indigent is adopted, then they will be cared for the same as though they were wage earners and could pay their own premiums. The low wage earner would pay through his employer the premium required. With the indigent and low income groups receiving adequate service the necessity for clinics will pass away."

In a lively open forum discussion following his talk Doctor Hanks further amplified his remarks on health insurance. Responding to a question on the effect of a health insurance plan on private practice he explained that it would be possible to retain the present relationhip between the dentist and his patient. This could be done, it was explained, by allowing the patient to select his own dentist and pay whatever fee was asked for a service. The patient in turn would be reimbursed by the in-

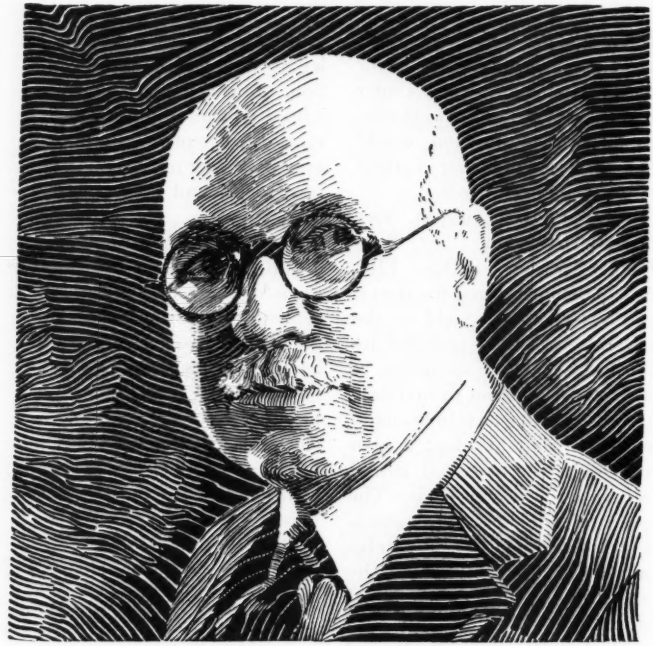
surance fund but only to the amount allowed by the fund for that particular service. Under such a plan, according to Doctor Hanks, the profession would not be regimented nor dictated to in the matter of fees.

Taking as his subject, THE COST OF DENTAL CARE, Winfield S. Fisher, D.D.S., Elmhurst, Illinois, urged the dental profession not to yield to the present social and political influences. To place themelves in a strategic position to maintain private practice he told his audience they should adopt a plan for budgeting costs of dental service on a yearly basis. The plan he offered for consideration was based on a careful analysis of his own records by which he determined that annual dental costs for his patients ranged between $35.00 and $50.00 per individual, exclusive of emergency needs. Such information given to patients, Doctor Fisher explained, would enable them to know a year in advance what dental services for themselves and their families would cost and budget for them accordingly. This, in the opinion of Doctor Fisher, would stabilize dentists' incomes and bring patients in more regularly for service.

Doctor John Oppie McCall, director of the Murry and Leonie Guggenheim Dental Clinic, New York City, in his talk before a meeting of the Dental Economics Section, called for the creation of a department of preschool education with compulsory enrollment of all children over 2 in order to detect and correct dental and other physical ills.

"Long-range planning for dental health and for dental economy," Doctor McCall said, "calls for a vigorous demand by the dental profession that the health and education departments of our cities develop a plan for enrolling all preschool children in an organization wherein health inspection and health education will be provided."

Besides economic problems new scientific developments of the past year aroused much interest at the convention. What was said to be the best scientific program ever offered by the Society was presented in the form of illustrated lectures. New points of view on the relation of medicine to dentistry were discussed in the Medical Relations Section; one hundred and sixty important clinics on all phases of dentistry were offered Thursday afternoon in the Grand Ball Room; and a valuable scientific exhibit was presented under the direction of Robert G. Kesel, D.D.S., University of Illinois, and Warren Willman, D.D.S., Chicago College of Dental Surgery, Loyola University.



TRIBUTE TO DOCTOR HANKS

Doctor John T. Hanks of New York received an unusual tribute when members of the First District Society tendered him a dinner at the Academy of Medicine on March 4.

There was a big crowd and numerous members of the profession in other cities throughout the country sent telegrams.

Doctor Martin Tracy acted as toastmaster. Among the speakers were President Brophy of the First District Society; Dr. John L. Peters, who had succeeded Doctor Hanks as secretary of the Society; and Doctor Alfred Walker who read the numerous telegrams paying tribute to Doctor Hanks. The latter (as announced in November ORAL HYGIENE) was appointed last fall as Dental Advisor to Harry L. Hopkins, Federal Emergency Relief Administrator. He has had a long and distinguished career in national and New York dental affairs.

Around the World by Tooth and Nail

(*Continued from page* 497)

comfortable dentistry in the extremes of the high seas. All of you who aspire to the title of "Ship's Dentist" are invited to take my three easy lessons in Nautico-Dentico-Knot-Tying. But of my dental practice I will speak later.

Since my wife and I were last heard from, we have become geographically removed from San Francisco five thousand watery miles. As you will recall we were unceremoniously detained on the West coast one week by a stevedores' strike. Finally, however, at eleven o'clock on the night of December thirteenth, the S.S. *Golden Sun* was ready to make its long plow to oriental ports, and we prepared to sever all tangible and material connections with the land of our birth and cherished friendships.

A characteristic mist had drifted over San Francisco Bay by the time we blew our loud but unheeded *Adios* to the dark and forsaken loading dock. The gap between the firm soil and our ship grew slowly wider and going-away thoughts raced through our minds. Foghorns were calling and answering each other across the water. A periodically reappearing shaft of light, revolving around an invisible lighthouse, beckoned us to sea. It was just another night in the lives of the busy seamen around us, and the *Golden Sun* was just another "freighter" to the unconcerned, noisy little boats scurrying through the ruffled water of the Bay. But this was our primary departure on a world adventure and we were moved to deeper emotions. Saying a meditated and meaningful farewell is always a sad and beautiful gesture, but in the chill of a damp night the experience is dramatic.

On Our Way

We floated slowly past the towering piers of the unfinished Bay Bridge, on by Alcatraz prison with its hapless inmates, and finally past Angel Island where flustered and bewildered peoples of foreign birth are landed to plead for the right of admittance to America. At the Golden Gate the quiet waters of the Bay were left for the swells of the open sea. Fading, haloed lights gleamed out to us through the drizzle, but at last even these remnants were lost in the darkness. We had left a brilliant civilization.

Our present address is Pacific High Seas, twenty-two days west, care of Freight Boat S.S. *Golden Sun* bound for Japan, China, and Manchuria. We may be found at home any time day or

night, and we would welcome a visitor. If you were to visit us, I think we could give you several surprises by conducting you through the commodious apartment to which we have fallen heir. You would realize what an error it is to confuse freight trains and their lowly hobo accommodations with the provisions for passengers on freight boats.

Situated high up in the middle and least motile section of the ship, our quarters consist of not one but three private rooms with no less than three portholes. Our apartment is designed after the accommodations provided for the ship's officers. The white freshly painted bedroom contains two comfortable single beds and under each are four immense drawers. At one end of the chamber is a roomy closet and at the other end a mirror that insists we are getting fat. The living room, furnished with two seaworthy chairs and a large business desk, serves us as dental office, beauty parlor, reading room, and literary workshop. Our white tile bathroom, bearing the protective sign "For Women only" is a spacious, airy annex with clean, modern conveniences. It lacks a bathtub and swimming pool but features a hot and cold fresh water shower. The adjoining apartment on the port side is occupied by our good neighbor, the captain: on the starboard, by our friend, the first officer. All is harmony in our little community.

"The painless one piece extraction seemed spectacular to the sailors."

Mrs. Phillips has the distinction of being the only woman on the boat which is carrying forty-five persons, only six of whom are passengers. Undoubtedly more women would take advantage of this method of transportation were it not for the fact that the privilege is denied women unescorted by males of their own race. This regulation was adopted as one effort to discourage the traffic in white girls which has been directed to the Orient. Women who qualify to travel on American freight boats are appreciated as an addition of dignity and tone and are accorded every practical consideration and courtesy. As my wife's inescapable caboose, I enjoy the benefits bestowed upon her; and as an appendage of a good thing I have become willing to post-

pone the adoption of the single standard.

Our time on shipboard as at home is broken up into periods of work and play. We entertain ourselves by reading, frequent siestas in the deck chairs, ping pong games, table talks, card, checker, and chess games, and most importantly by eating delicious meals three times a day. Working professionally, which is also a pleasant pastime, takes up about eight hours a day and consists of attending to our modest dental practice.

Dentistry at Sea

If one aspires to a dental practice on a freight boat and at the same time does not wish to indulge in unethical solicitation, he may remain unemployed indefinitely. This was my experience for the first week at sea. Sailors are bashful as well as dentally fearful. My present flourishing practice did not grow spontaneously. My supply and their demand might forever have remained frozen assets had good fortune not sent that toothache into the deadlock Christmas Eve. The painless one-piece extraction that followed seemed spectacular to the sailors, and everyone became dental conscious over night.

From my experience there seems to be nothing anatomically unorthodox about the dentition of seafaring men. The unorthodoxies are all in the realm of oral hygiene. Prophylaxis on shipboard is a major operation and consumes hours of time. Some boys come in with the anatomy of their lower incisors and molars completely obliterated by the deposits of calculus which are usually stained a nicotine brown. Classical pus pockets of textbook perfection are demonstrable in many mouths, and a few present with highly motile oral digits where sheer loyalty seems the only bond of attachment between man and tooth. Another variety of pathology which is evidenced in an unusually high percentage is one in which the fetor ex oris facilitates an early diagnosis; namely, Vincents' stomatitis.

My dental equipment, originally quite complete, has had several material additions. After a frantic and vain search for a portable second-hand head rest in San Francisco, Dean Milberry came to my rescue and took from his museum a detachable head rest that had belonged to Doctor David M. Cattell, who was a veteran figure in dentistry and a hero of the amalgam war. I entertain my patients with the history of the antique we are using and insist that they pay proper respect and tribute.

My second patient was the chief engineer, whose mechanical senses were jarred by the inefficiency of my woman-driven foot engine. As a result he bartered a high-speed electric motor

for some dentistry. The improvement was undeniable, but the introduction of machinery brought with it a human tragedy. My wife, the indispensable propellor of the foot engine, was first reduced to a mere switch tender. And later even this menial task was denied her. The deck engineer built a foot switch for me to compensate for his prophylaxis and three cement fillings. My wife, once a functional and integral part of a unit, was technologically unemployed. With the cunning genius of her sex, however, she soon spoiled me with showers of attention and service at the chair until now she is again indispensable as my full-time assistant.

Modern dentistry presupposes that a practitioner will snuggle into a permanent niche testifying his willingness to stay there by signing leases and by paying his bills "on time." Modern dentistry is not suited to itinerant habits, and as a result my equipment and practices are a strange combination of historic and current dentistry. The lack of casting machine and x-ray machine, saliva ejector, running water cuspidor, gas burner, and vulcanizer are my sins of omission. The foot-engine and portable head rest and my excessive use of amalgam would relegate the Phillips Dental Parlor to the same vintage as that of the "forty-niners." We are rescued from antiquity, however, by the use of non-toxic anesthesia, rubber dams, electric motor and foot switch, and the principles of extension for prevention and asepsis. We are probably only history-repeaters; but instead of going from village to town we are going from country to country; instead of having a beat of five hundred miles, our radius is the earth no less. This thought obtunds the sting we suffer by not being modern. What we lack in modernity we make up for in itinerancy; for us dentistry has already spanned the Pacific. Philosophically it has been our Dental Bridge to the Orient.

We also are relieving the captain of some of his duties. He is not only the autocratic commander of the S.S. *Golden Sun*, but ordinarily he is also the ship's "dentist and physician." He has an excellent supply of horse sense and mother wit, and uses both when his services are required. As a self-instructed dentist he has extracted many teeth. But he will not operate until the patient puts in writing his demand for the service. When contemplating an extraction the captain has two instruments to choose from; the choice is made easy by the fact that he understands only one. His choice is an upper anterior forceps. He rejects a crown splitter. He is able to extract without anesthesia.

For fear you might think that the S.S. *Golden Sun* exists for

dentistry alone, I will mention some of the other activities which are, of course, less important. In the first place, one has the privilege of dining with the captain three times a day. A skipper of a freight boat is a man who has earned the confidence of at least one company interested not in tourists but in expediting the exchange of the world's goods. Unlike masters of passenger ships, they are not judged by their ability to parade in formal uniform nor by their finesse in tweaking little girls' cheeks. They are simply able-bodied men who have mastered the moods of the "old debil sea."

For a democracy loving person, the division of function on a ship seems at first disturbing. All ships are governed by an autocratic dictator who enjoys what might be called the almost divine right of captains. And all responsibilities for the entire ship are centralized in his lap. His decisions on the high seas, right or wrong, go undisputed. If the captain orders "all hands overboard" the crew must take to the water, irrespective of the sanity of his judgments. To question the captain in an emergency is mutiny, punishable by death.

In the course of the long, restful sea voyage across the Pacific, we have come to appreciate the meaning of the anthropomorphic statement made by the captain: "If you treat your ship well, she'll treat you well." Treating her well consists of routine duties, perhaps most important of which is the consistent war on rust, the so-called "galloping consumption" of a boat. The oxidation of the iron is always undermining the health of a ship, and its longevity depends upon the vigilance that is used in fighting its chronic encroachment. Prevention is less expensive than cure. The quiet days of steaming are used to good advantage in preparing for the emergency that comes sooner or later, but never fails to come. Decks and bulkheads are scraped and painted; lines untangled; gears oiled; and the rigging is lashed and made fast. "Ship-shape" takes on a real meaning.

I would like to babble on and share with you in more detail an adventure that gets more intriguing day by day. But Einstein's theory of relativity of space and matter does not exempt me from the "space and written matter" requisites of our editor—and this, my friends, is no theory. It is a gentleman's ultimatum. With the hope that you will vicariously vagabond with us through Japanese cities, countrysides, and dental schools, I reluctantly leave you until the next issue.

(To be continued)

Editor's Note: Doctor Phillips may be addressed care of ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

The Conquest of Dental Fear

(*Continued from page* 501)

around wound. Worked fast slowly.

All this time I was softly suggesting to the patient, "You are doing fine. Relax. It is all over. That was easy. No trouble with that tooth, and so on."

Several times he threatened to hit the ceiling. Crossed and recrossed his legs. Rubbed his hands nervously. Twitched. Breathed hard. Finally he did relax. That was of vital importance. Within an hour the bleeding was under control. He left the office under his own power, weak but cheerful.

Now for the follow through: the second and third visits were but slightly eventful. Once he complained that the strong north light made him dizzy. I lowered the shades and worked with artificial light. Extraction of the third tooth, a lower left first molar, fungus gum, roots nearly separated, did cause a stubborn, cuss-provoking hemorrhage. It was, "Off agin, on agin, gone agin, Finnegan," for nearly two hours.

Permanganate of potassium finally checked completely that tantalizing oozing.

Came the fourth Sunday: When he entered the operating room I noticed his eyes were bleary and there was the odor of liquor on his breath. That aroused my suspicions.

He was seated in the chair less than a minute when he swooned dead away. After reviving enough to talk he confessed, "I awoke ragged this morning. Felt I needed a bracer. Took a little whiskey. Sorry I caused all this trouble."

Of course I refused to operate.

Did I tell him cold turkey? I certainly did not. To have harshly lectured him would have made him shier. Instead, in a few words, I quietly explained the importance of his cooperation. He penitently promised to help. That was the last trouble he caused. The remaining roots were removed serenely.

Finally, the restorations were inserted. We bade farewell, he bubbling over with expressions of gratitude.

"But where is the tragedy?" you are asking.

Oh, yes, I quite forgot the climax.

Well, here it is: "believe it or not," three weeks after our cheery parting that shy guy jumped off a high bridge, committing suicide.

Why? Thereby hangs a tale.

Perkasie, Pennsylvania

"I do not agree with anything you say, but I will fight to the death for your right to say it."
—*Voltaire*

RE: THE DENTAL FRANKENSTEIN

It certainly is laughable to see how some altruistic (?) dentists will write about making the public dentally conscious! I refer to the article The Dental Frankenstein[1] in the January issue of ORAL HYGIENE.

Why should not the average dentist have more patients? I dare say if he did there would not be so many moss-covered paths leading to the dental offices! Why should it be so sinful, apparently, for dentists to profit? How many of us, I ask you, took up dentistry merely for the love of it?

The writer of the article seems to think that all the 80 per cent who do not visit a dentist, are "definitely underprivileged" and "unable to afford good dentistry." How large a percentage of these "eighty percenters" can afford to and do buy a new automobile, radio, refrigerator, or what have you? Yes, indeed, any dentist knows that there are thousands and thousands of these "eighty percenters" who could afford good dentistry, if they became dentally conscious through a properly conducted educational program.—S. N. Thams, D.D.S., *Plymouth, Michigan.*

[1]Dunham, L. W.: The Dental "Frankenstein," ORAL HYGIENE **25**:52 (January) 1935.

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"EXTRACTION VS. NON-EXTRACTION"

(Received for publication February 5, 1935)

It was with great amazement that I read the item[2] under the foregoing heading in the May, 1934, issue of ORAL HYGIENE. I wondered: Could it be a weird distorted urge that overcame the author of that communication or was it his wish to deceive the reader? A presentation of the facts would probably aid you to judge whether my thoughts are justifiable and whether one can possibly draw any other conclusions than those at which I arrived.

On December 4, 1934, at the Pennsylvania Hotel, Doctor Albert F. R. Andressen read a paper before the Joint Medical and Dental Session of Greater New York in which he considered Dental Infections as a Cause of Gastro-intestinal Disease. Presenting his thesis, the essayist said "...it is imperative, as rapidly as safety will permit, to remove all even sus-

[2]Extraction Vs. Non-Extraction, ORAL HYGIENE **24**:702 (May) 1934.

picious teeth, including all non-vital, impacted, and unerupted teeth, retained fragments, and all badly pyorrhetic teeth." It seems utterly inexplicable how any one can see in this clear statement an indication of "...a swing away from the theory that teeth should be removed whenever diseases of the digestive tract appear to the theory that teeth should be preserved at all costs"; and yet, the author of the ORAL HYGIENE item referred to tells us that this "...was the opinion expressed by Doctor F. R. Anderson (?) at a recent meeting of the New York State Dental Society in *New York City*."[3]

Further reporting in ORAL HYGIENE, the author of the communication states, "As the sanest procedure, Doctor Anderson recommended a middle course between the two extremes. Because gastro-intestinal disorders seem dependent on so many points of infection in the body, he insisted that infected teeth should be removed whenever it seems necessary."

As if fearing that he may be misconstrued, Doctor Andressen reiterates:

"Even if the cleaning up of the mouth had no effect on the patient's disease, it would be justified as a health measure. The dentist's responsibility in preventing and eradicating focal infections is not sufficiently emphasized. Too many patients are being started on a career of chronic invalidism as a result of the filling of root canals and the saving of dead teeth." And yet the author of the article wants the reader to believe that these statements of Doctor Andressen indicate, "...a swing away from the theory that teeth should be removed whenever diseases of the digestive tract appear to the theory that teeth should be preserved at all costs."

Indeed, to interpret Doctor Andressen's most radical stand as a recommendation to *follow a middle course is*, to say the least, stupid. Reports of this character, particularly appearing in publications with a circulation of more than 70,000 and distributed gratis, certainly do very little to correct sharp controversy which still rages over the subject of tooth extraction as a remedy for certain diseases. Such "contributions" could not do much in correcting this lamentable situation, and writers of such *stuff* would unquestionably do a greater service to their profession by curbing their urge to enlighten their fellow practitioners.—James L. Zemsky, D.D.S., *147 Fourth Avenue, New York City.*

[3]The author has obviously misspelled Doctor Andressen's name calling him Anderson; further, he has somewhat mixed up his data on the meetings, for as I have indicated, it was the Greater New York December Meeting and not that of the New York State Dental Society.

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THORNS IN THE DENTAL FLESH

Why is it that many people go to a dentist whose dentistry is only fair if not much below the average, while another dentist who does exceptionally good work is passed by and finds it difficult to make a living? This is so often true that it is evident that it is not the quality of dentistry that counts most in building up a dental clientele.

It is my opinion, however, that the public wants the best in dentistry and, if there were some way by which the public could distinguish between inferior and good work, each dentist would get returns in proportion to his skill and efforts. The public now form their opinion of a dentist from things other than the quality of his dentistry, thus taking away much of his incentive to improve. Once he gets his license it is good for life, but a

license does not indicate, in any way, the degree of his skill above the fact that he made a passing grade when he obtained it.

He may continue to operate after he has once been licensed even though he gives no thought to improving the quality of his work, and may even forget many of the finer points of dentistry. The public have no way of telling if he maintains the general standard in his work or if he is keeping up with the improvements in dentistry. Yet he may continue to inflict his poor work on the unsuspecting public for fifty years if he can fool them that long. In order to hold his clientele he does not need to improve his technique or even give the same type of service he did when he was granted a license. All he needs to do is to keep his office neat and clean in appearance, his equipment looking up-to-date, and meet the public in such a way that they will continue to have faith in him. His patients, having no knowledge of the finer points of dentistry, must judge him on the things they do know something about; such as his clothes, personality, tact, the amount of pain they suffer from his treatments, and many other factors that have little to do with furnishing evidence of his skill.

In order that the public may have some criterion by which to judge a dentist's degree of skill, I propose that each state adopt laws covering the following plan: That the governor appoint one or more examining boards of three, from a list furnished by the state dental society; that such a board will visit each practicing dentist in his office every four years and examine the work done by him in the last year and watch him perform dental operations of different kinds; ask him such questions as they deem proper to help them form an opinion of what grade he should be given. The patients who would be called in for examination should be selected by the board from the dentist's records.

After all these preliminaries, each member of the board individually would give the grade that he thought the dentist deserved. The average of these three grades would be the grade the dentist would work under for the next four years. If he was dissatisfied with the grade given, he could call for another examination from another board. The finding of the two boards would be averaged and this would be final until the next regular four year visit of the board.

The grade would be printed on the license and this posted in plain sight in the office so the public could always get this information. The dentist might also place his grade on his signs, cards, and stationery. If he were given a grade of eighty this year, he could no doubt study and improve, so that, at the next examination, the board would give him a higher grade. The fact that he had raised his grade could be published. In this way there would be the greatest encouragement for each dentist to do his best at all times, and to endeavor to make his best better. If this plan were in operation in each state, a dentist could move from one state to another without the difficulties now encountered. It would stop the advertiser from deceiving the public also.—L. L. Poston, D.D.S., *Davenport, Iowa.*

Writers are requested to confine themselves to 150 to 200 words when writing for the DEAR ORAL HYGIENE Department

Ask ORAL HYGIENE

Please communicate directly with the Department Editors, V. CLYDE SMEDLEY, D.D.S., and GEORGE R. WARNER, M.D., D.D.S., 1206 Republic Building, Denver, Colorado. Please enclose postage. Material of interest will be published.

ALVEOLAR ABSCESS

Q.—Does present day responsible opinion favor the immediate extraction of teeth showing well defined alveolar abscess (that is, nearby soft tissues much swollen and inflamed; the tooth highly sensitive to touch, and patient feeling ill), but before pus has localized enough to be let out with lancet?

I was taught and have believed such conditions called for "watchful waiting" until the pus had pointed and been evacuated; putting off extraction of the tooth until acute symptoms had partly subsided.

Others in this locality seem to disagree with me as to this and extract in such cases at once often seemingly with impunity. What method is preferable?—R.E.H., New York.

A.—General surgeons pursue just the course in the treatment of an acute abscess you have outlined for a periapical alveolar abscess. What is good practice in general surgery should be good practice in dental surgery.

The reason for "watchful waiting" in these cases is to give nature time to wall off the localized infection from the rest of the system so that when man interferes to evacuate the pus he won't spread the infection into healthy tissue.

We know that we may extract teeth while an alveolar abscess is in the acute or forming stage without apparent difficulty, but we don't know how many cases of osteomyelitis might have been avoided if teeth had not been extracted too soon. Therefore, we should remember that "it is better to be safe than sorry."—GEORGE R. WARNER

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UNERUPTED TEETH

Q.—I have a patient, a young man of 18, who has two unerupted upper cuspids. Should these be brought to place by orthodontic methods, or should I leave these alone and use a fixed bridge to restore the missing cuspids?

I have hesitated for years to do anything with them thinking in time they would erupt, and I could slowly bring them to their correct position. I still believe they will erupt sometime, although it may not be for ten or twenty years. What is your opinion? I also hesitate to have an open wound in this patient's mouth during the months it would take to bring these teeth

down into their proper relation.—M.E.I., Iowa.

A.—I have consulted Doctor Humphrey of Ketcham and Humphrey, orthodontists, about the problem of impacted cuspids, and he and I agree that there is virtually no chance of these teeth erupting without a skilfull orthodontic procedure, and that it is rather unfortunate that you have put off a corrective procedure so long. The roentgenograms you sent do not show the apices of the cuspid roots, but at 18 they are probably fully formed and such a radical movement of teeth is best undertaken while the apices are large which means that the blood supply to the teeth is ample and unrestricted.

When such teeth are uncovered surgically in Doctor Humphrey's practice for the setting of a pin or an incisive cast cap to carry a spur for attachment of orthodontic appliance, the wound does not remain open or raw.—V. C. SMEDLEY

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SENSITIVE THROAT

Q.—A young man complains that he would like to keep his teeth clean by daily brushing but that the minute he puts the brush in his mouth he gags. In fact he tells me that if he cleaned his teeth after each meal he wouldn't get much benefit from the food he eats. He says that often he gets ready and then is able to brush his front teeth only slightly before he becomes nauseated, and I am wondering if you know of some way that he could overcome this trouble.—L.E.W., Wisconsin.

A.—I would certainly advise this young man to break himself of this absurd notion before he loses his teeth from neglect, for he would surely have to break himself of it before he could have dentures made and wear them after his own teeth were lost.

This is, in my opinion, entirely a mental state and should be controllable and controlled by the individual. Doctor Warner tells me that when people are gagged by his x-ray films, if they lose their tempers over it they invariably stop gagging.

A dentist has told me of a patient he had once who bothered him half to death complaining that he couldn't wear any denture without gagging. Finally the dentist told him that everything had been done for him that could be done and that he would just have to break himself of the thought or habit or go without teeth. Sometime later the man returned to report that he had won his battle by tickling his throat with a feather until he wore the gagging nerves out and in comparison the denture felt good.

You might suggest that your patient try getting mad at himself and tearing right through with a thorough brushing or if he prefers he might resort to a feather.

One other thought: he might dissolve an anesthesin calcidine troche in his mouth each time before brushing his teeth. I find that these troches help sensitive patients through the ordeal of impression making.—V. C. SMEDLEY

New York Society Votes for Health Insurance

(*Continued from page* 517)

graduate courses, vacations, and pensions for practitioners.

12. Maintenance of the attractiveness of health-service professions as careers, so that prospective practitioners possessing high coefficients of ability, character, intelligence, and ambition may, for the benefit of both the public and the profession, continue to enter and remain in the service.

13. Retention of the fundamental American doctrine providing for rewards in compensation, prestige, and position to individuals in direct proportion to their ability, industriousness, conscientiousness, and personal attributes. To forsake this principle for regimentation would put a premium on indolence, indifference, and inefficiency in health-service.

PLAN SCHOOL MOUTH HYGIENE PROGRAM

A conference on dental relief under the Federal Emergency Relief Administration and the presentation of a five year dental program for all children in the elementary and secondary schools of Chicago featured the opening day of the Seventy-First Annual Midwinter Meeting of the Chicago Dental Society.

Doctor John T. Hanks, of New York City, Dental Advisor to the Federal Relief Administration, presided at the conference on the morning of February 18. He outlined the problems incident to the administration of dental relief under Rules and Regulations Number 7 of the FERA, and urged the dental profession to cooperate with the administration to the end that relief may be afforded all persons in need of dental service.

Later in the day 1,500 school teachers gathered at the hotel to hear an outline of a five year dental program for the elementary and secondary school children. This is an adaptation of the Chicago Dental Society's Industrial Diagnostic Service applied to school children. Speakers included Stanley D. Tylman, D.D.S., President of the Society, Herman N. Bundesen, M.D., President of the Chicago Board of Health; William J. Bogan, Superintendent of Schools; Willis J. Bray, D.D.S., Chairman of Public Service Committee of the Society; and C. J. Hollister, D.D.S., Harrisburg, Pennsylvania, former director of the Dental Health Department of Pennsylvania.

Under the plan it is proposed to give dental relief to the school children through the cooperation of the Chicago Dental Society, the Mouth Hygiene Council of Chicago, the Health Department, and the school system.

The Dental COMPASS

DENTAL SOCIETY BACKS MOORE BILL

Believing that many persons, even in the employed groups, have neglected the care of their teeth because they lacked necessary funds and were too proud to take advantage of dental facilities of the Emergency Relief Administration, the members of the New Jersey State Dental Society, at a recent meeting held in Newark, voted to endorse the bill providing loans for health care introduced in Congress by Senator A. Harry Moore of New Jersey.

This bill calls for government insurance of bank loans to pay for essential dental and medical treatment. It specifies that banks should lend a man money for such work for two years at 6 per cent. The Government, according to the provisions of the bill, would insure repayment, much the same as it insures up to 80 per cent on home loans made by the banks under sanction of the Federal Housing Administration.

At the same meeting the dentists also took steps toward assuring indigent and low-wage groups of dental care should the facilities of the Emergency Relief Administration be discontinued, as it is feared will be necessary. The wage groups under consideration consist of single persons earning less than $1200 a year and married persons earning less than $1600.

Under the plan suggested by Doctor John Ones of Camden, dental society members would give their services to treat members of these low-wage groups, if the state would pay a small fee to cover the cost of materials and other expenses.

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RADIO DETECTS HOLD-UP

Just how important enthusiasm for a short wave radio set may become in the life of a dentist is revealed in the following Chicago story released recently by the Associated Press:

Mrs. Philip Weintraub sat at home knitting one evening as her dentist husband, a short wave radio enthusiast, indulged in his pastime in his nearby office. Listening in upon her own set, she smiled as she heard him identify himself to a fan in suburban Maywood.

Doctor Weintraub:

"Hello, 9JJF. This is W9SZW. Nice cold spell we're having."

9JJF:

"Sure is, all right."

Doctor Weintraub:

"Wait a minute, there's someone at the door."

A husky voice:

"Put up your hands and give us your dough."

Doctor Weintraub:

"Don't shoot! Don't shoot!"

(Scuffling and grunts.)

First husky voice:

"Lock him in that closet."

Second husky voice:

"But what if he croaks?"

First husky voice:

"Let him croak."

Mrs. Weintraub hurriedly called police; snatched her hat and ran to the office. With the aid of the janitor she forced the closed door. Her husband, gagged and gasping, staggered out. The gag was removed.

Doctor Weintraub:

"Hello 9JJF. I've just been robbed and nearly killed. If my wife hadn't been listening I would have smothered to death. I'm going home."

9JJF:

"Okay."

•

BOY'S HUNGER STRIKE SENDS MOTHER TO DENTIST

The story of a unique hunger strike that sent a woman to his office for treatment is told by Doctor S. I. Russell of Kenosha, Wisconsin.

Mrs. Angeline Bonodio, the mother of a large family, had not been well for several months. She was told by her physician that her teeth were in bad condition and that treatment might eliminate the cause of her ill health.

Because she had an inherent fear of pain and discomfort, she refused to seek relief. Finally, her son Benjamin, in desperation, told his mother that he would go on a hunger strike if she did not go to the dentist.

For two days the boy refused to eat or drink. On the second day his resistance was so much lowered that he caught a cold and became severely ill. Still he refused to take nourishment or treatment until his mother would see the dentist.

Finally the mother promised. But the boy continued to refuse to eat demanding evidence of dental treatment. The mother returned from the dentist's office and showed that several teeth had been extracted.

The boy ended his hunger strike.

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DENTISTS WIN HOLLYWOOD STARS

An aftermath of the Alabama victory over the Southern California football team is the announcement of the engagement of Virginia Reid, 18, R-K-O star, to Doctor Ralph McClung of Birmingham, Alabama.

Doctor McClung went out to Los Angeles to help cheer the Alabama team on to a New Year's Day victory; but he remained to get better acquainted with Miss Reid.

Other Hollywood stars who have also taken more than a professional interest in dentistry are Irene Dunne who married Doctor Francis Griffen of New York City, and Janet Gaynor who, it is predicted, will soon marry Doctor I. S. Veblen, an eastern dentist.

•

DOCTOR CUTTER COMMENDS DENTISTS

Writing in his column under the caption, YOUR DENTIST, Doctor Irving S. Cutter, health editor of the Chicago *Tribune*, made an intelligent and comprehensive analysis of the importance of dentistry to the health and happiness of society. He concluded his article with these significant remarks:

". . . were it not for the kindly offices of the restorative dentist the comfort and happiness of many persons would be seriously marred and their lives materially shortened. Any service as vital as this must be reckoned as a major contribution to the welfare of society and the dentist must be regarded as a benefactor of the race.

"The dentist fills a most important

niche in human affairs and the service he renders goes hand in hand with that of the physician. In the conservation of the health and well-being of the people these two callings intimately coordinate—the physician in the broader issues of life and the dentist in a more limited field, but with a significance of service that is vital and full of possibilities for human welfare."

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DENTAL ADVICE FOR SEAMEN

Through arrangements completed by Dr. Frederick H. Brophy, president of the First District Dental Society of the State of New York, and H. J. Kauffer, of the Society's Public Information Committee, in cooperation with Admiral L. McNamee, president of the Mackay Radio & Telegraph Co., free dental advice is available to American sailors while at sea on the Atlantic Ocean.

When trouble connected with the mouth or teeth arises the captain of the ship has only to radio "Dentservice Newyork," relate the symptoms, and the necessary professional advice will be rendered by designated members of the Society.

A similar free service for medical advice, cleared through the United States Marine Hospital, has been furnished, but this is the first time attention has been given to sailors' teeth.

DENTAL MEETING DATES

Wisconsin State Dental Hygienists' Association, annual meeting, Schroeder Hotel, Milwaukee, April 17-18.

North Atlantic Orthodontic Society, next meeting, Wednesday, April 24 at 8 P.M. in the Knights of Columbus Building, 1 Prospect Park West, Brooklyn.

Massachusetts Dental Society, annual meeting, Hotel Statler, Boston, April 29-May 2. William Hayes Hoyt, D.D.S., 77 Newbury Street, Boston, President; Philip E. Adams, D.D.S., 106 Marlborough Street, Boston, Secretary.

Massachusetts Dental Assistants, annual meeting, Hotel Statler, Boston, May 1.

Cleveland Dental Society, annual clinic meeting, Hotel Statler, Cleveland, May 6-7.

Pennsylvania State Dental Association, Annual Meeting, Altoona, Pennsylvania, May 7-9.

Georgia Dental Association, 67th Annual Meeting, Ansley Hotel, Atlanta, May 12-15, 1935.

LAFFODONTIA

If you have a story that appeals to you as funny, send it in to the editor. He MAY *print it—but he won't send it back.*

It was recently revealed that some months ago a local minister was consoling a widow upon the loss of her husband. He spoke to her about the virtues of the deceased, ending with the remark: "You will never find his equal!"

The widow answered sobbingly, "Maybe not, but I'll try my best."

Our idea of an optimist is a man who takes a frying pan on a fishing trip.

"Here, young man, you shouldn't hit that boy when he's down."

"G'way! What do you think I got him down for?"

The easiest way to climb the social ladder is to have your grandfather begin at the bottom of it.

Goofus: "Henry Peck keeps a secret record of his whole married life."

Rufus: "I presume he calls it a scrap book."

Billie (who has eaten his apple): "Let's play Adam and Eve."

Little Pattie: "How do we play it?"

Billie: "You tempt me to eat your apple and I'll give in."

A wealthy society lady had just engaged a new maid and was instructing her in the duties of waiting on the table.

"At dinner, Mary," she explained, "you must remember always to serve from the left—take the plates from the right. Is that clear?"

"Yes, ma'am," answered the girl condescendingly. "What's the matter. superstitious or something?"

Policeman: "Lady, don't you know this is a safety zone?"

Woman Driver: "Of course; that's why I drove in here."

Gimp: "What happened when you caught the iceman necking your wife?"

He: "She just looked over his shoulder and said, 'drag up a chair, honey, and learn something.'"

The novice at fishing had hooked a very small trout on a little lake in the Canadian Wilds. He wound it in excitedly until it was rammed against the end of his rod. Then he turned inquiringly to the guide and said:

"What do I do now?"

"Climb up the rod and stab it with your hunting knife!" the guide drawled.

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